

Residential Solar Photovoltaic Systems



Solar Photovoltaic Power & Stationary Storage Battery System Combo (OTC) Application (F800)

Permit Fee: \$300

An Energy System containing both a solar photovoltaic and a battery energy storage system will be considered an over-the-counter construction permit as long as both systems do not exceed the over-the-counter threshold or capacity. If either energy system is in excess of the over-the-counter threshold or capacity, a plans submittal is required for that system.

| In excess of 12 kW alternating 30 kWth or less system size wa | ent nameplate rating current nameplate rating ater heater ze water heater | | Plans submitt Over-the-Cou | al requ | uired ermit |
|---|--|------------|----------------------------------|---------|----------------|
| | orage Systems | | | | |
| Payment and this appropriate the second | pplication are <u>required</u> at time of s | submittal. | | | |
| | | | Fee = _ | \$ | 300 |
| | Expedite Insp | | ional) + \$450 = ost of Permit = | | |
| Name of Res/Com Facility: | | | kW AC | | kWh |
| Facility Address: | | | | | |
| Owner of Res/Com Facility: | | Phone: | | | |
| Contractor Name: | | Phone: | | | |
| Contractor Email: | | ROC #: | | | |
| Contact for Inspection: | | Phone: | | | |
| Contact Email: | | | | | |

Permit applications may be submitted in person weekdays 8 am to 5 pm at the address below, emailed to pfd.energy.systems@phoenix.gov.

For permit questions or to speak with a Fire Inspector please call: 602-262-6771

For more information visit www.phoenix.gov/fire/prevention
For credit card payment, please submit attached credit card form.





Credit Card Payment Form

Credit card payments may be emailed, faxed to 602-495-7429, or called in to 602-262-6771 when your application is submitted, or payments can be made in person weekdays between 8:00am and 5:00pm.

Submission of this form authorizes the City of Phoenix Fire Prevention Division to charge the credit card listed below:

| Credit Card information: | | | | |
|---|----------------------|--|--|--|
| What are you paying for? | | | | |
| | | | | |
| Credit Card Number | Expiration Date | | | |
| Name as it Appears on the Card | Amount to be Charged | | | |
| Credit Card Billing Address | 1 | | | |
| Billing City, State & Zip | | | | |
| Contact Information: | | | | |
| Contact Name | Phone Number | | | |
| Contact Email | | | | |
| Payment is due at the time of application and/or plan submittal. Inspections will not be scheduled until payments have been processed. | | | | |