



## Solar Photovoltaic Power Systems (OTC) Application (F193)

## Permit Fee: \$300

Over the Counter permits shall be obtained to install or modify a residential solar photovoltaic power system with an alternating current nameplate rating of 3 kW to 12 kW in an R-3 or R-4 occupancy or the installation of a residential solar photovoltaic system for a water heater with a system size of 30kW (462 square feet of collector) or less in an R-3 or R-4 occupancy.

The construction of a residential solar photovoltaic power system exceeding the values above or a solar photovoltaic power system installed in a commercial occupancy must submit two sets of plans. (FPPR and F194 Permit) \$450

• Payment and this application are <u>required</u> at time of submittal.

Fee = \$ 300 Expedite Inspection (optional) + \$450 =

Total Cost of Permit =

Name of Res/Com Facility:		kW AC
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 <u>pfd.energy.systems@phoenix.gov</u>. For permit questions or to speak with a Fire Inspector please call: 602-262-6771

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

> Phoenix Fire Department ~ Fire Prevention Division 150 South 12<sup>th</sup> Street Phoenix, AZ 85034



Plan Review Submittal Application



Check One		1						
I <sup>st</sup> Review 2 <sup>nd</sup> Review Other					For Office Use Only			
Kiva #: Reviewer:					Date:Initials:			
Project Name:		Permit:						
DEVELOPMENT INFORMATION								
ADDRESS:				BLDG #:	SUITE/SPACE #:	FLOOR #:	ZIP CODE:	
DESCRIPTION OF WORK:								
			# OF					
SQ. FT. :			STOF	RIES:				
APPLICANT: (Contact Person)			Owner/Devel. Arch. Engr. Contractor					
FIRM NAME:								
ADDRESS:								
CITY:			STATE:		ZIP:			
			FAX:			Other:		
TELEPHONE:						other.		
EMAIL (this is how you will be notified your plan	ns are comple	eted):						
	ass/Owner I	Name)						
CONTACT PERSON:			TELEPHONE: FAX:					
ADDRESS:		CITY:				STATE: ZIP:		
ADDRESS.						STATE.	ZIF.	
CONTRACTOR INFORMATIO	N: (Busines	ss & Owner's	Name)		FIRE BUSINESS CER	TIFICATE NUME	BER:	
CONTACT PERSON:			TELEPHONE:			FAX:		
ADDRESS:		CITY:	1			STATE:	ZIP:	
BUSINESS LICENSE #:	STATE TAX	 K #:			STATE LICENSE #	:		

Phoenix Fire Department – Fire Prevention Division 150 South 12<sup>th</sup> Street, Phoenix, Arizona 85034-2301 602-262-6771 or 602 495-5555 TTY www.phoenix.gov/fire/prevention





## **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				
	Amount to be charged				
Credit Card Billing Address					
Billing City, State & Zip					
Contact Information:					
Contact Name	Phone Number				
Contact Email	1				
Payment is due at the time of application and/or plan submittal.					
Inspections will not be scheduled until payments have been processed.					

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