



Solar Photovoltaic Power Systems (OTC) Application (F193)

Permit Fee:

F193 3 kW AC to 15 kW AC in a Residential installation **\$300**

Over the Counter permits shall be obtained to install or modify a residential solar photovoltaic power system.

The installation of a residential solar photovoltaic system for a water heater with a system size **\$150** of 30kW AC (462 square feet of collector) or less in an R-3 or R-4 occupancy.

Note:

Systems exceeding 15kW AC in a Residential installation will require a plan review. Please complete the Plan Review Submittal Application on the next page, submit it and plans.

Over the Counter Permit Fee = **\$ 300**

Expedite Inspection (optional) + \$450 _____

Payment is due before plan review is conducted or permits are issued. **\$ Total Cost of Permit = _____**

kW AC:			
Homeowners Name:			
Homeowners Address:		Phone:	
Contractor Name:		Phone:	
Contractor Email:		ROC #:	
Contact for Inspection:		Phone:	
Contact Email:			

Permit applications may be submitted in person weekdays 8 am to 4 pm at the address below, emailed to pf.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

Phoenix Fire Department ~ Fire Prevention Section
150 South 12th Street Phoenix, AZ 85034



Check One

<input type="checkbox"/> 1 st Review	<input type="checkbox"/> 2 nd Review	<input type="checkbox"/> Other
Kiva #:		Reviewer:
Project Name:		

For Office Use Only	
Date: _____	Initials: _____
Permit: _____	

DEVELOPMENT INFORMATION

ADDRESS:	BLDG #:	SUITE/SPACE #:	FLOOR #:	ZIP CODE:
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DESCRIPTION OF WORK:

SQ. FT. :	# OF STORIES:
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APPLICANT: (Contact Person)	<input type="checkbox"/> Owner/Devel. <input type="checkbox"/> Arch. <input type="checkbox"/> Engr. <input type="checkbox"/> Contractor
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FIRM NAME:

ADDRESS:

CITY:	STATE:	ZIP:
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TELEPHONE:	FAX:	Other:
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EMAIL (this is how you will be notified your plans are completed):

OWNER INFORMATION: (Business/Owner Name)

CONTACT PERSON:	TELEPHONE:	FAX:
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ADDRESS:	CITY:	STATE:	ZIP:
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CONTRACTOR INFORMATION: (Business & Owner's Name)	FIRE BUSINESS CERTIFICATE NUMBER:
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CONTACT PERSON:	TELEPHONE:	FAX:
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ADDRESS:	CITY:	STATE:	ZIP:
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BUSINESS LICENSE #:	STATE TAX #:	STATE LICENSE #:
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Phoenix Fire Department

Fire Prevention



Credit Card Payment Form*

This form is provided for convenience only. Checks and cash are also accepted.

***Credit card payment cannot be submitted via email.**

This form does NOT qualify as the permit application, a separate permit application must be submitted.

Use This Section for Public Records Requests Only

Address Researched:

Company Requesting Research:

APPLICATION INFO

What are you paying for?

Public Records Permit Event Inspection Appeal/Eng. Interpretation

Name of Event, Business or Facility (if applicable)

Address of Business or Event

CREDIT CARD INFO

Credit Card Number (use dashes)	Amount to be Charged	Expiration Date (00/00)
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Billing Address and Zip Code

Cardholder Name

Phone Number

Other Instructions (i.e. fax/email receipt) – Please print clearly

Payment is due at the time of application submittal.

Credit card payments may be faxed to 602-495-7429, submitted in person weekdays 8:00 am to 4:00 pm or mailed.

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Please note: This form will be destroyed once payment has been processed.

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