



# UPPER DARBY TOWNSHIP

## DEPARTMENT OF LICENSES & INSPECTIONS

100 Garrett Road. Upper Darby, PA 19082 Phone: (610)734-7613

### RESIDENTIAL SOLAR PERMIT

Folio#	16-	Zoning District		Use		Occupancy		Permit#	
--------	-----	-----------------	--	-----	--	-----------	--	---------	--

Upper Darby Township Licenses and Inspection Building Permit Application  
 100 Garrett Road Room 109 Upper Darby, PA 19082 www.upperdarby.org

Residential Submission Requirements		Please provide 3 copies of each requested construction document. Failure to submit any of the requested documents will result in a denial of your application. If you think that some of these documents may not be required, please call us at (610) 734-7613 to confirm.
Site Plan		
Sectional Details		
Elevations		
HIC License		
Structural Engineer's Letter		

Address where work will occur			
Property owner		Phone #	
Contractor		Phone #	
Design Professional		Phone #	
Master Electrician		Phone #	

Description of work to be performed

Will this project require structural improvements? If so, please describe the proposed structural improvements.

Number of Solar Panels		Circle one: Lineside Tap or Back-fed
kW of DC		Roof Type Circle One: Flat Roof or Gable Roof
kW of AC		<b><i>*The height of solar panels must be no higher than the height of the parapet wall or a maximum of 20" above the roof.</i></b>
Will the Service Cable be upgraded or replaced? Circle one: Yes or No		

***\*A third party electrical inspection must be completed prior to inspection by the Upper Darby Township.***  
***\*\* A minimum distance of 36" of fire access must be located on the street side of the roof***

Inspection Agency    A. Burea Veritas    B. Nicolai    C. Middle Atlantic    D. Demedio    E. Code    F. RG  
 G. Commonwealth Code    H. United    I. Sun Dog    K. Municipal    (Circle One)

Cost of Job	\$	
Residential Fee Schedule	\$500.00 Application Fee	
<b><i>*Permit fees will be doubled if work begins prior to issuance of permit</i></b>		

Contact Person/Applicant			
Signature		Date	Print Name
Phone #		Mailing Address	
Email			

Director, Department of L&I	Date	Zoning Approval	Date	Inspector	
				Review Date:	