

Mono County Community Development Department

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Building Division

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ROOF MOUNTED PV INSTALLATION - PRESCRIPTIVE 5.1

PROJECT DATA, INSPECTION, AND OWNER'S CERTIFICATION

1. PROPERTY OWNER		2. DATE	
3. PROPERTY ADDRESS		4. CITY, STATE	
5. ASSESSOR'S PARCEL NUMBER (APN) <i>(Assessor's Parcel Number may be obtained by using the online Mono County Parcel Information System, located at https://gis.mono.ca.gov/parcelviewer)</i>			
6. ELEVATION		FEET <i>(Site Elevation may be determined by looking up the Property Address in Google Earth and hovering the mouse cursor over the residence. Elevation is shown at the bottom of the screen, next to Latitude and Longitude. Google Earth is available online at: http://earth.google.com)</i>	
7. FLAT ROOF SNOW LOAD $p_f =$		PSF <i>(Flat Roof Snow Load may be obtained from the "Building Codes and Design Standards" page within the Building Permit Application package [available online at: http://www.monocounty.ca.gov/building], or by contacting the Building Division.)</i>	
8. IS THE PROPERTY LOCATED WITHIN THE JURISDICTION OF A HOMEOWNER'S ASSOCIATION (HOA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If located within the jurisdiction of a HOA, provide a copy of written approval when submitting this form.)</i>			
DESCRIPTION OF BUILDING			
9. TYPE OF BUILDING <input type="checkbox"/> Single-Family Residence <input type="checkbox"/> Duplex Residence		<i>(No Commercial buildings, apartment houses, boarding houses, vacation timeshare properties, residences with child care facilities, adult care facilities, congregate living facilities, etc.)</i>	
10. WAS A BUILDING PERMIT ISSUED FOR THE ORIGINAL CONSTRUCTION OF THE BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
11. YEAR BUILT	12. NO. OF STORIES <input type="checkbox"/> Basement	13. OVERALL HEIGHT <input type="checkbox"/> 40 feet or Less <input type="checkbox"/> Greater than 40 feet	
14. BUILDING LENGTH AND WIDTH LENGTH, $B =$ FT × WIDTH, $W =$ FT		15. ROOF STYLE <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Monoslope	
16. ROOF SLOPE $S =$:12	17a. ARE THERE MULTIPLE ROOF LEVELS? <input type="checkbox"/> Yes <input type="checkbox"/> No	17b. IF MULTIPLE, WHERE WILL PANELS BE MOUNTED? <input type="checkbox"/> Upper Roof <input type="checkbox"/> Lower Roof <input type="checkbox"/> Both	
18a. ROOFING TYPE <input type="checkbox"/> Composition / Asphalt Shingles or Roll Roofing <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Clay Tile or Spanish Tile <input type="checkbox"/> Slate <input type="checkbox"/> Metal Shingles / Metal Deck <input type="checkbox"/> Wood Shingles / Shakes <i>(Not allowed)</i>		18b. EXISTING ROOFING LAYERS <input type="checkbox"/> One <input type="checkbox"/> Multiple (2 or more) <i>(Multiple layers of roofing must be removed and replaced with a single layer of roofing.)</i>	

DESCRIPTION OF BUILDING (Continued)

<p>19a. ROOF RAFTERS / TRUSSES</p> <p><input type="checkbox"/> Wood Trusses, Plated (Manufactured, with "gang-nail" metal plates)</p> <p><input type="checkbox"/> Wood Trusses, Carpenter (Nailed, often with plywood gussets)</p> <p><input type="checkbox"/> Dimensioned Lumber Rafters (2x10, 2x12, etc.)</p> <p><input type="checkbox"/> Wood I-Joists / LVL / PSL / Other Structural Composite Lumber</p> <p><input type="checkbox"/> Glulam Beams (Not common as rafters in residential construction)</p> <p><input type="checkbox"/> Wood Open-Web Joists (Not common in residential construction)</p> <p><input type="checkbox"/> Cold-Formed Light-Gauge Metal Framing (Not common in residential construction)</p> <p><input type="checkbox"/> Other Steel (Not common in residential construction)</p>	<p>19b. RAFTER / TRUSS SPACING</p> <p align="center">Sr = _____ IN. O.C.</p>
<p>20a. ROOF SHEATHING</p> <p><input type="checkbox"/> Plywood / Oriented-Strand Board (OSB)</p> <p><input type="checkbox"/> Diagonal Lumber Sheathing</p> <p><input type="checkbox"/> Straight Lumber Sheathing</p> <p><input type="checkbox"/> Metal Deck</p>	<p>20b. SHEATHING THICKNESS (if known)</p> <p align="center">_____ IN.</p>

SOLAR PANEL INFORMATION

(Your Solar Panel Manufacturer and Rack System Manufacturer should provide you with the following information. Please include Manufacturer's Data Sheets when submitting this form to the Building Division.)

<p>21. SOLAR PANEL TYPE</p> <p><input type="checkbox"/> Photovoltaic (PV) <i>(No Solar Hot Water, HFC/CFC, or other systems)</i></p>	<p>22. SYSTEM TYPE</p> <p><input type="checkbox"/> Stand Alone System <input type="checkbox"/> Grid-Tied</p>
<p>23. SYSTEM RATING</p> <p align="right">_____ KW</p>	<p>24. TOTAL SQUARE FOOT AREA OF SOLAR PANEL ARRAY</p> <p align="right">_____ SQ. FT.</p>
<p>25. TOTAL WEIGHT OF PANELS, RACKS AND STAND-OFFS</p> <p align="right">_____ LBS</p>	<p>26. MANUFACTURER'S SOLAR PANEL SNOW LOAD RATING</p> <p align="right">_____ PSF</p>
<p>27a. PANEL MANUFACTURER</p>	<p>27b. PANEL MODEL</p>
<p>28a. RACK / MOUNTING SYSTEM MANUFACTURER</p>	<p>28b. RACK / MOUNTING SYSTEM MODEL</p>
<p>29. RACK MANUFACTURER RECOMMENDED ANCHOR LAG SCREW SIZE</p> <p>d_s = <input type="checkbox"/> 5/16" diameter <input type="checkbox"/> 3/8" diameter</p>	

INITIAL INSPECTION OF BUILDING AND ROOF SYSTEM

30. GENERAL CONDITION OF BUILDING

Sagging Roof Surfaces:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Building Off Foundation:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Building or Story Leaning:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Racking Damage to Walls:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Building Collapse, Partial Collapse:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*

** Please explain in Box 34, below.*

31. ROOF SHEATHING

Noticeable or Excessive Deflection:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Soft Spots:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Roof Leaks:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Deterioration:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*
Dry Rot or Corrosion:	<input type="checkbox"/> None	<input type="checkbox"/> Minor*	<input type="checkbox"/> Moderate*	<input type="checkbox"/> Severe*

** Please explain in Box 34, below.*

INITIAL INSPECTION OF BUILDING AND ROOF SYSTEM (Continued)

32. ROOF RAFTERS / JOISTS / TRUSSES

- Noticeable or Excessive Deflection: None Minor* Moderate* Severe*
- Buckled, Warped, or Twisted Members:..... None Minor* Moderate* Severe*
- Cracked or Split Members: None Minor* Moderate* Severe*
- Deterioration: None Minor* Moderate* Severe*
- Dry Rot or Corrosion: None Minor* Moderate* Severe*
- Missing Members:..... None Minor* Moderate* Severe*
- Missing Connectors or Hangers:..... None Minor* Moderate* Severe*
- Connector or Hanger Distress or Failure: None Minor* Moderate* Severe*

* Please explain in Box 34, below.

33. INCREASED ROOF DEAD LOAD

a = Increased Roof Load (25.) _____ / (24.) _____ = _____ PSF

b = 5% Design Roof Snow Load (7.) _____ X .05 = _____ PSF

If (b) is greater than (a) then no roof analysis is required
 If (a) is greater than (b) then complete ROOF DEADLOAD WORKSHEET 5.3 to verify additional roof load is within prescriptive limits.
 If additional roof load is beyond prescriptive limits then site specific engineering by a California licensed professional is required.

34. NOTES AND EXPLANATIONS

OWNER'S CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT I (OR A LICENSED CONTRACTOR OR LICENSED PROFESSIONAL ENGINEER, ACTING ON MY BEHALF) HAVE CONDUCTED THE INITIAL INSPECTION OF THE BUILDING AND ROOF SYSTEM, HAVE DISCLOSED ANY DEFECTS THAT WERE OBSERVED, AND THAT THE RESULTS PROVIDED ABOVE ARE AN ACCURATE REPRESENTATION OF THE CONDITION OF THE BUILDING.

I UNDERSTAND THAT THE ISSUANCE OF A BUILDING PERMIT IS CONDITIONED UPON THE INFORMATION CONTAINED IN THIS FORM AND THE BUILDING PERMIT APPLICATION, AS WELL AS SUCH OTHER INFORMATION AS THE BUILDING OFFICIAL MAY DEEM NECESSARY TO THE ISSUANCE OF THE BUILDING PERMIT. I FURTHER UNDERSTAND THAT THE BUILDING OFFICIAL RESERVES THE RIGHT TO CONFIRM THE FINDINGS OF THE INITIAL INSPECTION.

THE SIGNATURE ON THIS DOCUMENT AUTHORIZES REPRESENTATIVES OF MONO COUNTY TO ENTER THE PROPERTY NOTED ON THIS FORM FOR INSPECTION PURPOSES AND ENFORCEMENT OF ALL CODE PROVISIONS PER THE TERMS AND CONDITIONS OF THE CALIFORNIA BUILDING CODE AND MONO COUNTY ORDINANCES.

 PRINTED NAME OF PROPERTY OWNER

 SIGNATURE OF PROPERTY OWNER

 DATE