PAYSON CITY
Distributed Generation Program

Building Dept: 801-465-5204
Power Dept: 801-465-5217

Date of Application:	**Building Permit No.**

⩛ CUSTOMER INFORMATION ⩛

Owner Name:	
Property Address:	
Phone #:	Email:

⩛ CONTRACTOR INFORMATION ⩛

Contractor:	
Contractor Address:	
Contact Name	Phone:

⩛ SOLAR SYSTEM INFORMATION ⩛

System Type: ❒ Utility Interactive ❒ Dedicated Circuit ❒ Stand-Alone	Inverter Manufacturer:
Type of Class: ❒ Residential (1 to 10 kW) ❒ Commercial (10 to 25 kW)	Model Number:
kW Installed Capacity: kW	Inverter's Continuous AC Name Plate Rating: (AC Watts)
Solar Electric Module Manufacturer:	Number of Inverters:
Model Number:	Total Inverter Output: (AC Watts)
Power Rating per Module: (DC Watts)	Inverter's Peak Efficiency:
Number of Modules:	Solar Electric Array Location: ❒ Rooftop ❒ Pole Mount ❒ Ground Mount
Total Array Output: (DC Watts)	Inverter Location: ❒ Indoor ❒ Outdoor
Conductor Type: AWG or kcmil:	Utility-accessible AC Disconnect Switch Location:
Number of Conductors:	Does this system include batteries or generator backup: ❒ Yes ❒ No
Are you installing a combiner box with fuses? ❒ Yes ❒ No Size:	

⩛ SIGNATURES ⩛

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction and that I make this statement under penalty of perjury.

Signature of Contractor or Authorized Agent:	Date:
Owner Received copy of Distributed Generation Program Ordinance ❒ Yes	
Signature of Owner:	Date:

⩛ CITY POWER DEPARTMENT USE ONLY ⩛

Signature of Power Department:	**Date:**		Approval
		Complete Application	
Signature of Building Official:	**Date:**	Site / Facility Layout Diagram	
		Facility One-Line Diagram	
		Net Meter Agreement	