# Electrical review if solar PV system(s) installation is rated over 4kw
Signed by: [Name]
Print Name: [Name]
Phone: [Number]
Date: [Date]

#2 Fire Dept. review if roof area is over 5,000 sq. ft. and solar PV modules cover more than 80% of roof area
Signed by: [Name]
Print Name: [Name]
Phone: [Number]
Date: [Date]

#3 Structural review of solar system is installed over more than one layer of built-up roof or two layers of shingled roof
Signed by: [Name]
Print Name: [Name]
Phone: [Number]
Date: [Date]

#4 The ten conditions listed on page 3 accurately represents the proposed solar photovoltaic project.
Signed by: [Name]
Print Name: [Name]
Phone: [Number]
Date: [Date]
REQUIRED INFORMATION:
1. Site plan showing location of major components on the property. This drawing need not be exactly to scale, but it should represent relative location of components at the site (see supplied example site plan). PV arrays on dwellings with a 3” perimeter space at ridge and sides may not need separate fire service review.
2. Electrical diagram showing PV array configuration, wiring system, overcurrent protection, inverter, disconnects, required signs, and ac connection to building (see supplied standard electrical diagram).
3. Specification sheets and installation manuals (if available) for all manufactured components including, but not limited to PV modules, inverter(s), combiner box, disconnect, and mounting system.

Structural Review of PV Array Mounting System:
Is the array to be mounted on a define, permitted roof structure? ☐ Yes ☐ No
(If not due to non-compliant roof or a ground mount, submit completed worksheet for the structure)

Roof Information:
1. Is the roofing type lightweight (Yes = composition, light weight masonry, metal, etc) ____________
   (If no, submit completed worksheet for roof structure) No = heavy masonry, slate, etc.
2. Does the roof have a single roof covering? ☐ Yes ☐ No
   (If No, submit completed worksheet for roof structure)
3. Provide method and type of weatherproofing roof penetrations (e.g. flashing, caulk) ____________

Mounting System Information:
1. Is the mounting structure an engineered product designed to mount PV modules? ☐ Yes ☐ No
   (If No, provide details of structural attachment certified by a design professional)
2. For manufactured mounting systems, fill out information on the mounting system below:
   a. Mounting System Manufacturer ____________ Product Name and Model # ____________
   b. Total Weight of PV Modules and Rails ____________ lbs
   c. Total Number of Attachment Points ____________
   d. Weight per Attachment Point (b/c) ____________ lbs (If greater than 45 lbs, see worksheet)
   e. Maximum Spacing Between Attachment Points on a Rail ____________ inches (see product manual for maximum spacing allowed based on maximum design wind speed)
   f. Total Surface Area of PV Modules (square feet) ____________ ft
   g. Distributed Weight of PV Module on Roof (b/c) ____________ lbs
      (If distributed weight of the PV is greater than 5 lbs see worksheet)

Electrical Review of PV System (Calculations for Electrical Diagram)
In order for a PV system to be considered for an expedited permit process, the following must apply:
1. PV modules, utility-interactive inverters, and combiner boxes are identified for us in PV systems.
2. The PV array is composed of 4 series strings or less per inverter, and 15 kw or less.
3. The total inverter capacity has a continuous ac power output 13,440 Watts or less
4. The ac interconnection point is on the load side of service disconnecting means (690.64)
5. The electrical diagram (E1.1) can be used to accurately represent the PV system.

Fill out the standard electrical diagram completely. A guide to the electrical diagram is provided to help the applicant understand each blank form. If the electrical system is more complex than the standard electrical diagram can effectively communicate, provide an alternative diagram with appropriate detail.

Note:
The contractor’s representative who is familiar with the solar PV system shall be on site for the inspection and shall provide access to all of the installation. The contractor’s representative shall make available all documents related to the solar PV system including: technical data, structural mounting details, and other related information. Since technical review is not required prior to electrical permit issuance for systems 4kw or less, the permit holder shall demonstrate conformance with all requirements at the time of inspection.

Town Hall
290 Main Street
Tel: 508-883-0808
Fax: 508-883-2994
GENERAL REQUIREMENTS:
1. Solar PV panel modules will be supported on the roof or surface of the building that they serve.

2. The weight of solar PV panel modules and supporting hardware will not exceed 8 pounds per square foot.

3. Solar PV panel modules may be installed over only one roof covering of a flat/built up roof, or two roof coverings of a shingled roof unless otherwise approved by the Department of Building Inspection (DBI).

4. On a flat roof (up to 3:12) with one street frontage, a 36 inch clear area will be provided along the roof edge facing the street. A 36 inch clear walkway will be provided/maintained to allow access to rear of the building.

5. On a flat roof (up to 3:12) of a corner lot building having two street frontages, a 36 inch clear area will be provided along the roof edges facing both streets. No other walkway area is required.

6. On a pitched roof (over 3:12) a 36 inch clear area will be provided along the roof edge facing the street and a clear area of at least 18 inches, measured along the roof surface, will be provided from the ridge of the roof to the edge of the solar PV modules.

7. Clear access to fire standpipes and other emergency equipment is provided/maintained.

8. Storage batteries will not be part of this solar photovoltaic system.

9. The solar PV modules will not create and/or will not be part of a vertical or horizontal addition such as, a new roof structure or carport extending beyond the existing building.

10. The solar PV modules will be fastened to the roof in accordance with either
   □ manufacturer's instructions pre-approved by DBI, or
   □ the support/fastening system is pre-approved by DBI, or
   □ the module mounting rack and roof attachment system is designed and/or installed under the direct supervision of a Massachusetts licensed engineer or architect.
Applicant Information

Name (Business/Organization/Individual): 

Address: 

City/State/Zip: 

Phone #: 

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ☐ I am an employer with employees (full and/or part-time).*</td>
<td>4. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.*</td>
</tr>
<tr>
<td>2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</td>
<td>5. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</td>
</tr>
<tr>
<td>3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</td>
<td></td>
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</tbody>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information. 
†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

Type of project (required):

☐ New construction
☐ Remodeling
☐ Demolition
☐ Building addition
☐ Electrical repairs or additions
☐ Plumbing repairs or additions
☐ Roof repairs
☐ Other 

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I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: 

Policy # or Self-ins. Lic. #: 

Expiration Date: 

Job Site Address: 

City/State/Zip: 

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: 

Date: 

Phone #: 

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Official use only. Do not write in this area, to be completed by city or town official.

City or Town: 

Permit/License # 

Issuing Authority (circle one):


Contact Person: 

Phone #: 

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers’ compensation for their employees. Pursuant to this statute, an *employee* is defined as “...every person in the service of another under any contract of hire, express or implied, oral or written.”

An *employer* is defined as “an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.”

MGL chapter 152, §25C(6) also states that “every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.” Additionally, MGL chapter 152, §25C(7) states “Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.”

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**Applicants**

Please fill out the workers’ compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers’ compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers’ compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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**City or Town Officials**

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under “Job Site Address” the applicant should write “all locations in _____ (city or town).” A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department’s address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE  
Fax # 617-727-7749  
www.mass.gov/dia

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