Logo

Description automatically generated with medium confidenceCity of Marysville   
Community Development and Services  
526 C Street P.O. Box 150 Marysville CA 95901  
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**City of Marysville Solar Submittal Checklist**

Property Address/APN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please mark all that apply) \_\_ Main Residence \_\_ Second Residence \_\_ Garage/Storage   
 \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Required: Signed contract with the property owner for the solar installation.

**For all systems, provide 2-sets for roof mount or 3-sets for ground mount (minimum size 11”x17”):**

\_\_ Electrical schematic diagram of the system [module wiring(series/parallel), disconnect, grounding/bonding, wire, conduit type, size, and number of conductors in each section of conduit], rapid shutdown, D/C color coding. When batteries are to be installed include them in the diagram and their locations/rooms and venting.

\_\_ For ALL battery connections: An Electrical Engineer is required.

\_\_ Site diagram (show arrangement of panels on the roof or ground, location of combiner box, inverter, utility disconnect, main service, show approximate distance from panel to all components, dimension all setbacks to all structures and property lines, generator, and transfer locations if applicable).

\_\_ Equipment cut sheets including inverters, modules, generators, transfer switch if applicable, etc.

\_\_ Labeling schedule for equipment and electrical hazard per CEC Sec 110.21(B), 690.13, 609.31, 690.56, 705.10, and 705.12

\_\_ System KW \_\_\_\_\_\_\_\_\_\_\_\_\_\_ capacity

\_\_ All current code information

\_\_ Engineer stamp plans for all structurals, with a clear scope of work

\_\_ PV System Summary

\_\_ Site Plan

\_\_ Single Line Diagram

\_\_ Manufactures Information

\_\_ **If using the existing electrical main panel provide photos with buss rating.**

**Roof Mounted Systems Provide:**

\_\_ Photovoltaic systems shall be Class A listed and labeled for fire classification per UL 1703. Provide documentation demonstrating compliance.

\_\_ Identify location and method of rapid shutdown per CEC sec 690.12.

\_\_ Solar panels that cover more than 50% of the total roof area, require fire department approval.

\_\_ Engineered or listed racking system for mounting and attachment of system.

\_\_ Integrated systems that replace roofing material require detailed information showing class ”A” roof assembly.

\_\_ Snow load, and wind speed.

\_\_ Fire Setbacks – 18in from crest of Roof

**Ground Mount and Wind Generator Systems Provide:**

\_\_ Engineering [When the total height from ground to top of the array (not post height) exceeds 7 feet] for mounting, attachments, and foundation to meet the minimum wind and snow loads. Engineering is required for all structures if the ground snow load (Pg) exceeds 50 psf. Provide details of attachments, anchors, brackets, photovoltaic panels, and all hardware.

**PV Submittal Checklist – System Summary Sheet**

**System Summary:** \_\_ Roof Mount \_\_Ground Mount \_\_Batteries \_\_Grid Tie \_\_Generator  
**Inverter(s):** # of inverter(s) \_\_\_\_\_\_\_\_\_ Manufacturer/Model Number:   
 DC Input Voltage Range: Listed for Utility Interconnection \_\_Yes \_\_No  
**\*Calculated System Voltage – (VOC x # of modules in series x 1.13) CEC 690.7**  
Calculated system voltage must be less than or equal to the module \*Maximum System Voltage.  
**Array Information:** Total # of Modules: # of Modules in Each Series:   
 # of Optimizer / Micro-Inverters: # of Parallel Source Circuits:   
**Operating Voltage:** volts (Voltage at Pmax x # of modules in series)  
**Operating Current:** amps (Current at Pmax x # of strings in parallel)  
**Minimum PV Source Circuit Ampacity or Conductor Sizing:**

I understand applications for building permits will be reviewed for plan completeness. Solar plans larger than 10.0kW will be sent out to a third party for review.

An incomplete submittal package may be returned, and additional fees assessed.

Address: APN#:

Signature: Date: