



Solar Panel Application & Checklist

Building Department

1001 Post Road, Scarsdale, NY 10583

914.722.1140 /building@scarsdale.com

Applicant Information

Name:

Company:

Address:

Email:

Phone:

Project Address and Property Owner Information

Same as Applicant Information Property SBL

Owner Name:

Address:

Email:

Phone:

Project Engineer

Name:

Company:

Email:

Phone:

Project Architect

Name:

Email:

Phone:

Solar Application Submittal Checklist

Please note that the following installations require review by the Village of Scarsdale Board of Architectural Review:

1. Ground Mounted solar panels.
2. Any proposed installation that otherwise complies with the applicable code requirements but does not result in a "YES" for each of the items included in this review checklist.
3. Any aspect of a proposed installation, whether included in this checklist or not, deemed by the Building Inspector as a condition requiring referral for BAR consideration.

Staff Review

<input type="checkbox"/>	Plans signed and sealed by a NYS Licensed Engineer	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<input type="checkbox"/>	Solar panel manufacturer specifications.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<input type="checkbox"/>	Solar inverter manufacturer specifications.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<input type="checkbox"/>	Evidence of UV-resistant, anti-reflective panel surface.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<input type="checkbox"/>	Site plan, including:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Existing and any proposed structures; • Lot dimensions and boundaries; • Photovoltaic system location (all components); • Direction arrow indicating North; and • Screening for any equipment that is ground-mounted or mounted to a surface within six feet of the ground 				
<input type="checkbox"/>	Building elevation(s) depicting proposed solar array(s) and any associated equipment, including height from grade.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<input type="checkbox"/>	Roof depicting solar panel array(s) and any associated equipment, with dimensions.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

Solar Application Submittal Checklist – Continued

Staff Review

Planned installation meets the following requirements: Yes: No:

- All panel edges must be aligned and continuous (avoid the appearance of stair-step or other irregular edges);
- Indicate presence of solar panel skirts;
- Mandatory clearances (roof edges, emergency path) must be documented and maintained;
- Indicate roof color, as well as the color of any surface that associated equipment is affixed to;
- Mounting hardware and equipment shall feature an anti-reflective finish that is black or matches the mounting surface color; and
- Panels must be parallel to the roof surface and no more than 18” above the surface, except panels on a flat roof may be angled such that the top edge does not exceed the height of the parapet wall.

Structural details, including: Yes: No:

- Describe and show roof framing structural elements;
- Specify hardware attachment method to roof members; and
- Provide structural load calculations for the complete solar panel installation, including all rooftop components, being sure to account for snow and wind loads.

Complies with 2015 ICC Codes and 2017 NYS Uniform Code Supplement. Yes: No:

Provide photos depicting adjacent properties. From the perspective of standing at the base of the building elevation(s) where solar panels and/or associated equipment are proposed to be visible, capture and then directionally label photos depicting the yard(s), property boundary, and adjacent property beyond; if the view is obstructed, the photo should capture the obstructed view. Yes: No:

Solar Application Submittal Checklist – Continued

Applicant Signature:

Date:

- For Office Use Only -

Staff Intake Checklist

<input type="checkbox"/>	Complete application	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Permit fee paid	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Land survey	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Two stamped drawings	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Contractor Liability Insurance	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Workmen’s Comp	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Disability	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Waiver	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Tree Removal Permit	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	License Agreement	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date:	<input type="text"/>		
<input type="checkbox"/>	Previous Approvals	ZBA:	<input type="checkbox"/>	PB:	<input type="checkbox"/>	BAR:	<input type="checkbox"/>	BOT:	<input type="checkbox"/>

Other Requirement(s):

Intake By:

Date:

Reviewer:

Date: