



Photovoltaic Energy Checklist

St. Johns County Building Services

N20 _____ **Permit #** _____

Site Address _____ Contractor _____

Contact _____ Phone # _____

Fax # _____ Email _____

Project Type _____ Photovoltaic Energy System _____

Resubmitted _____

Notified of Pending Comments _____

Depository Account Number _____

Received by _____ Date received _____

| Requirement | Received by: |
|------------------------------------------------------------------------------|--------------|
| Completed Building Permit Application | |
| (2) Copies of Photovoltaic System Specifications and (2) copies PV worksheet | |
| Architectural Review Approval (Ground Mounted Systems Only) | |
| (2) Sets One Line Diagram including AC/DC Grounding Electrode Req. | |
| Contractor Verification: State License, Liability, WC, \$50.00 fee | |
| Notice of Commencement | |
| Contractor Verification (CVC _____ or EC _____) | |

Plans Examiner

Date