



Development Service Center

Hipolito Olmos C.B.O. Building Division
 7351 Rosanna Street, Gilroy, CA 95020
 Phone: 408 846-0451 Fax: 408 846-0429
 Visit us: www.cityofgilroy.org

Photovoltaic (PV) Plan Check Submittal Checklist

Project Name: _____ **Project Address:** _____ **Permit #:** _____

	Document Description	Applicant Please Check if Provided	Complete by Staff	
			Required?	Provided?
General	Complete Building Permit Application Form	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cost Estimate to Establish Valuation. Itemized contractor's contract may be requested. \$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Information & PV System	Building Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Roofing Material: <input type="checkbox"/> Comp Shingle <input type="checkbox"/> Tile <input type="checkbox"/> Built-up Roof <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Installation: <input type="checkbox"/> Roof <input type="checkbox"/> Ground <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	# of PV Modules: _____ Total kW of PV System: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mounting: <input type="checkbox"/> Flushed Mounted <input type="checkbox"/> Elevated Mounted <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inverter type: <input type="checkbox"/> Micro Inverter <input type="checkbox"/> Central Inverter	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Documents, Construction Plans, and Structural Calculations	Scope of Work on Cover Sheet with the above existing building and PV system shown (i.e, Res, Tile Roof, 5kW, 28 Roof mounted Modules, Micro-inverter)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Site Plan with the following: North arrow, setbacks, adjacent building and occupancy, electrical panel, electrical line from post to panel, electrical disconnects (DC/AC), & inverter location.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Standard Electrical Diagram (2 copies)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Specifications or Cut Sheets (PV, inverter, racking system)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Electrical Main Panel: Existing: _____ (Ampere)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is a new upgrade required as part of this permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, note to Main Panel _____ amp / Sub-Panel _____ amp			
	Energy Storage System existing: <input type="checkbox"/> Yes <input type="checkbox"/> No: _____ (Location)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If new ESS: _____ (Location)			
	HOA (Home Owner Association) approval letter (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Structural Calculations (For commercial buildings. May be required for non-commercial building per Building Official)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PV Layout with dimensions from PV modules to equipment, ridge, hip, valley, eaves, skylight, etc. Show location of roof access for commercial building.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled out by Applicant:

I understand that an incomplete plan check submittal may result in delays in my plan check.

Owner Architect Engineer Contractor _____ Tenant Other: _____
 (Contractor Lic #)

Applicant Name (Print): _____ **Contact Phone No.:** _____

Applicant Signature: _____ **Date:** _____

To be filled out by Staff:

Counter Staff will review this checklist prior to plan check submittal to ensure completeness in accordance to the submittal guideline. If expedited review is requested, please fill out orange sheet.

Staff: _____ Date: _____ Due Date: _____