



WOODSTOCK FIRE DEPT  
 454 WOODSTOCK RD  
 WOODSTOCK, VT 05091  
 802-457-7517 NON-EMERGENCY

# PHOTOVOLTAIC PERMIT APPLICATION

Please fill out this permit application as completely as possible based on the scope of this project.

Have you consulted with Woodstock Fire Dept. regarding this project?  No  Yes/Name \_\_\_\_\_

## Section A - Building Location and Ownership Information

Building Name \_\_\_\_\_

Building Address \_\_\_\_\_

911 Number / Street City State Zip

Building Owner \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Section B - REQUIRMENTS

### Photovoltaic system:

SHALL COMPLY WITH THE CURRENT EDTION OF NFPA 1 AND NEC (NATIONAL ELECTICAL CODE) IN USE BY THE STATE FIRE MARSHAL OFFICE.

A LETTER SHALL BE INCLUDED WITH THE APPLICATION FROM A VT ENGINEER THAT HAS ASSESED AND CONFIRMED THE ROOF CAN CARRY THE ADDITIONAL LOADS OF A MOUNTED PV SYSTEM.

DRAWINGS OF LAYOUT AND PLACEMENT OF ELECTICAL EQUIPMENT.

**Section C - Description / Scope of Work/Fee**

Please provide a description of the work being performed. Attach additional pages as necessary to sufficiently describe the work.

**PERMIT FEE \$80.00**

\$

**PLEASE MAKE CHECK PAYABLE TO: THE TOWN OF WOODSTOCK**

**All sections are required to be filled out completely and shall be typed or printed legibly.**

**Section D - Project Specific Contacts**

**Applicant**

**Name**

\_\_\_\_\_  
Company Primary Contact

**Address**

\_\_\_\_\_  
Mailing Address City State Zip

**Phone**

\_\_\_\_\_ **Email** \_\_\_\_\_

**Contractor**

**Name**

\_\_\_\_\_  
Company Primary Contact

**Address**

\_\_\_\_\_  
Mailing Address City State Zip

**Phone**

\_\_\_\_\_ **Email** \_\_\_\_\_

**Primary Engineer**

**VT Lic No.**

\_\_\_\_\_

**Name**

\_\_\_\_\_  
Company Primary Contact

**Address**

\_\_\_\_\_  
Mailing Address City State Zip

**Phone**

\_\_\_\_\_ **Email** \_\_\_\_\_

- Construction shall not commence until a review is conducted and you receive a permit or other written notification back from the Woodstock Fire Department allowing you to proceed.
- PLEASE CALL A MINIMUM OF 3 (THREE) DAYS PRIOR TO SCHEDULE A FINAL INSPECTION  
802-457-2337

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this completed form with all required fees, plans, and supplemental information to:

Woodstock Fire Dept  
454 Woodstock Rd.  
Woodstock, VT 05091  
802-457-2337