



THE DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF BUILDING PERMITS

**SOLAR PHOTOVOLTAIC GENERATION
INSTALLATION CHECKLIST
NET ENERGY BILLING PROGRAM**

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PROJECT INFORMATION

Owner	Date	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other
Property Address	Contact Numbers Home _____ Work _____ Cell _____	
Dealer/Installer - Name & Address	Contact Numbers Home _____ Work _____ Cell _____	
VI License No.:		
Electrician	Electrician's License Number:	
Reviewer - Department Use	Date of Final Review	<input type="checkbox"/> Electrical

SYSTEM CHECKLIST

◆ Please complete **Part A** for our records.

Yes	No	A. GENERAL REQUIREMENTS
		1. Is a Copy of Equipment Data submitted with Application?
		2. Has a approved One Line Electrical Drawing been submitted with Application?
		3. Has the Net Energy Billing Application been submitted through VIEO's Online Portal?
		4. Does the Installed Solar and Energy Storage system match the values submitted with the Application?
		5. For installation of panel on roof, if the roof has more than 15 years useful life; is the load capacity of the roof certified to support the installation?
		6. Does DC, AC, & Grounding electrical configurations meet all local and current NEC Codes?
		7. Has a manual disconnect switch been installed?
		8. Does the manual disconnecting switch, installed between the customer's renewable/alternative energy system and the alternating current (AC) electrical system System, meet Local and latest NEC?
		9. Is manual AC disconnecting switch accessible to VIWAPA Personnel/First Responders? (Disconnect must be accessible and location clearly identified with the appropriate signage)
		10. Does all the alternative/renewable energy equipment satisfy the UL Certification requirement?
		11. Has signage been applied throughout the installation in alignment per NEC Article 690 and 705?
		12. Identifying marking (green paint) on mast head or weatherhead cap above 15ft?
		Owner Education
		13. Owner understands basic system operation?
		14. Owner knows whom to call in the case of an emergency?
		15. Owner understands proper shut-down and start-up procedure?

Inverter: Manufacture: _____ UL Number: _____ Model Number: _____ Serial Number: _____ KW - Output:: _____	I hereby certify that the general requirements listed above have been met. _____ Electrician Signature & Stamp Date _____ Owner Signature Date
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