



CITY OF FALLS CHURCH

Residential Solar Installation Checklist

This checklist is to guide City residents in properly permitting new solar panels installations at their home. It contains all required forms and details for submitting solar installation projects for approval by the City of Falls Church's Department of Development Services. To comply with all local ordinances and ensure safety, please follow all the items below.

1. Fill out the following attached forms:

- Electrical Permit Application
- Building Permit Application

2. When submitting the forms, please include:

- Detailed electrical diagram for the solar panel system, including:
 - i. All system properties and components
 - ii. Batteries and interconnection to grid (if applicable)
 - iii. Plans/diagrams do not need to be produced by an engineer or wet-stamped, but should be clear, legible, and show all important components and details
- Structural attachment details indicating size of fasteners and supporting members
- Copy of Contractor's license for each permit application submitted (if everything is being done by one contractor, then only one license is required)
 - i. If owner is doing the installation, include owner's affidavit in lieu of contractor's license

3. Submit all forms and diagrams to:

Department of Development Services
300 Park Avenue, Suite 300W
Falls Church, VA 22046

Office Hours: Monday-Friday, 8AM-5PM.

If you have any additional questions, please contact the Department of Development Services at (703) 248-5080 (TTY 711),
or email: permits@fallschurchva.gov.



Department of Development Services

Building Safety Division
 300 Park Avenue, Suite 300W, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

ELECTRICAL PERMIT APPLICATION

PERMIT NO. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA Zip Code _____

APPLICANT: CONTRACTOR OWNER

BUILDING OWNER INFORMATION

Name _____ Phone H O C _____ Name _____ Phone H O C _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

VA State Contractor's License Number _____ Class A B C Expiration Date _____

TENANT/LESSEE INFORMATION NONE

Falls Church Customer Number (if known): _____ Name _____ Phone H O C _____

VA State Master Electrician's Name _____ License Number **2710-** Address _____

Master Electrician's Expiration Date _____ Contract Price _____ City _____ State _____ Zip Code _____

TYPE OF WORK

Qty	Item	Qty	Item
	Circuits		Service: <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Heavy-Up Up to 600 Amps: _____ Over 600 Amps: _____
	Fixtures: _____ Switches: _____ Outlets up to 20 Amps: _____		Panels: Up to 600 Amps: _____ Over 600 Amps: _____
	Outlets over 20 Amps		Transformers
	Appliances Hard-Wired to a Circuit (i.e., not plugged in to an outlet) List: _____		Outdoor Signs
	Annual Pool Inspection		Preventive Maintenance Inspection
	Motor and Generators (List by HP and KW, Respectively)		Other: _____
			Heating and Heat Pump Backup Heat (List Units and Specify KW)

SIGNATURE

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.

I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

Signature of Applicant _____ Date _____ Address _____

Print Name _____ Phone to Call When Permit Ready _____ City _____ State _____ Zip Code _____

e-mail address (optional) _____ Phone e-mail Postal mail
 Preferred method of contact for questions/when ready

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals		Permit Fee
Zoning _____	Date _____	Base Permit Fee _____
Building Official _____	Date _____	2% State Levy _____
<i>Approved per VUSBC Only</i>		Total Permit Fee _____



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 Building Safety Division
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BUILDING PERMIT APPLICATION

PERMIT No. _____

ADDRESS OF BUILDING

Street Address	Unit #	Falls Church, VA	Zip Code
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APPLICANT: CONTRACTOR OWNER

BUILDING OWNER INFORMATION

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C					
Address				Address							
City		State	Zip Code	City		State	Zip Code				
VA State Contractor's License Number		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Expiration Date			TENANT/LESSEE INFORMATION <input type="checkbox"/> NONE		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Falls Church Customer Number (if known):				Address				City		State	Zip Code
Mechanic's Lien Agent: <input type="checkbox"/> None Designated <input type="checkbox"/> Designated on MLA Addendum											
Total Job Cost		Cost for Building Only (<i>exclude trades</i>)		City		State	Zip Code				

ARCHITECT ENGINEER PLAN PREPARER INFORMATION

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		License #			
Address				City		State	Zip Code

TYPE OF WORK

USE AND OCCUPANCY CLASSIFICATION

- Exterior Work:**
 Demolition (*check no other box*)
 New Primary Building
New Accessory Building:
 Detached Garage Shed
 Other _____
 Addition (*incl. attached garage*)
 Pool
 Deck/Porch (Plat Required)
 Fence (Plat Required)
 Sump Pump (Plat Required)
 Sign
 Foundation Only
 Crane or Hoist
 Temporary Trailer
 Temporary Stand

- Interior Work:**
Remodel Finished Space:
 Kitchen Bath
 Other Existing Space
Finish Unfinished Space:
 Basement Attic
 Garage Other
Add:
 Full Bath Half Bath
 Bedroom Fireplace
 Kitchen Other
Elevator:
 Install Repair
*Check All That Apply
 Give Details Below*

- | | |
|---|---|
| <input type="checkbox"/> A-1 Theater | <input type="checkbox"/> I-1 Institutional, Residence Care, Halfway House |
| <input type="checkbox"/> A-2 Restaurant, Nightclub | <input type="checkbox"/> I-2 Institutional, Hospital |
| <input type="checkbox"/> A-3 Church, Museum, Gym, Lecture Hall, Library | <input type="checkbox"/> I-3 Institutional, Jail |
| <input type="checkbox"/> A-4 Indoor Arena, Pool | <input type="checkbox"/> I-4 Institutional, Child Care |
| <input type="checkbox"/> A-5 Outdoor Viewing, Bleacher Stadium | <input type="checkbox"/> M Mercantile |
| <input type="checkbox"/> B Business | <input type="checkbox"/> R-1 Hotel, Boarding House |
| <input type="checkbox"/> E Educational, Day Care | <input type="checkbox"/> R-2 Apartments, Condos |
| <input type="checkbox"/> F-1 Factory Industrial, Moderate Hazard | <input type="checkbox"/> R-3 1 & 2 Family (Comm. Code/IBC) |
| <input type="checkbox"/> F-2 Factory Industrial, Low Hazard | <input type="checkbox"/> R-4 Residential Care, Assisted Living |
| <input type="checkbox"/> H-1 Hazardous, Explosives | <input type="checkbox"/> R-5 1 & 2 Family (Resid. Code/IRC) |
| <input type="checkbox"/> H-2 Hazardous, Flammable | <input type="checkbox"/> S-1 Storage, Moderate Hazard |
| <input type="checkbox"/> H-3 Hazardous, Combustible | <input type="checkbox"/> S-2 Storage, Low Hazard |
| <input type="checkbox"/> H-4 Hazardous, Health Hazard | |

SCOPE AND DESCRIPTION OF WORK

If any work will take place outside the building, you must submit the addendum form, Permit for Exterior Work

TYPE OF CONSTRUCTION

FIRE SUPPRESSION

DIMENSIONS

<input type="checkbox"/> 1A <input type="checkbox"/> 1B Non-Combustible Protected <input type="checkbox"/> 2A <input type="checkbox"/> 2B Non-Combustible Unprotected <input type="checkbox"/> 3A <input type="checkbox"/> 3B Combustible/Non-Combustible <input type="checkbox"/> 4 Heavy Timber <input type="checkbox"/> 5A <input type="checkbox"/> 5B Combustible	Will/Does This Building Have A Sprinkler System? <input type="checkbox"/> Yes <input type="checkbox"/> No Will/Does This Building Have A Fire Alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Area Of Work (ft ²): _____ Is There A Basement? <input type="checkbox"/> Yes <input type="checkbox"/> No # Of Stories (excl. basement): _____
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SIGNATURE

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I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

Signature of Applicant	Date	Address
Print Name	Phone to Call When Permit Ready	City
e-mail address (optional)		State
		Zip Code

Phone e-mail Postal mail
 Preferred method of contact for questions/when ready

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OFFICIAL USE ONLY

Intake Plans <input type="checkbox"/> Office/Builder Received <input type="checkbox"/> Arborist Received <input type="checkbox"/> Not Required	Contractor <input type="checkbox"/> License Attached <input type="checkbox"/> License in Munis <input type="checkbox"/> Owner, Affidavit Attached <input type="checkbox"/> TBD	Outside Work: <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Addendum Attached <input type="checkbox"/> Under a Grading Plan	Special Handling <input type="checkbox"/> Property in RPA <input type="checkbox"/> Property in Floodplain <input type="checkbox"/> HARB Project <input type="checkbox"/> Other:	Permit Number Intake By (Initials)
Zoning <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Comments _____				
_____ Date _____ <i>John C. Boyle, Zoning Administrator</i>				
Urban Forestry <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Comments _____				
_____ Date _____ <i>Benjamin Thompson, City Arborist</i>				
DES/Engineering <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Comments _____				
_____ Date _____ <i>Jason Widstrom, City Engineer</i>				
Building Official <input type="checkbox"/> Approved per VUSBC only <input type="checkbox"/> Rejected Comments _____				
_____ Date _____ <i>Doug Fraser, Building Official</i>				
Trade Permits OK to Issue: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Fuel-Gas <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler				
Special Conditions on Trade Permits: _____				

FEES

Fees 1. Base Permit Fee \$ _____ 2. Plan Review Fee \$ _____ 3. Total City Fee (#1+#2) \$ _____ 4. 2% State Levy (2% of #3) \$ _____ 5. Other \$ _____ Total Fee \$ _____	Fee Basis (from Plan Reviewer) Calculated Sq. Ft: _____ Plan Review Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(30% of Sq. Ft. Charge, \$100 Minimum)</i>	Special Fees How many units? _____ <input type="checkbox"/> Crane (\$100) <input type="checkbox"/> Door Locking (\$5) <input type="checkbox"/> Elevators (\$200) <input type="checkbox"/> Fence (\$50) <input type="checkbox"/> Low-voltage floors (\$50) <input type="checkbox"/> Modular Buildings (\$50) <input type="checkbox"/> Sump Pump (\$50) <input type="checkbox"/> Systems Furniture (\$50/floor) <input type="checkbox"/> Temporary Stand (\$50) <input type="checkbox"/> "Other" (\$50)
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