

**Please Select Provider**

UPPCO  
 WE Energies  
 Crystal Falls City

**SOLAR ARRAY  
ELECTRICAL PERMIT  
APPLICATION**

County of Iron, Construction Code Dept.

2 South Sixth Street, Suite 14

Crystal Falls, MI 49920

**PERMIT NUMBER:PE26**

Check Number: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_

Receipt: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**AUTHORITY:** P.A. 230 OF 1972, AS AMENDED**COMPLETION:** MANDATORY TO OBTAIN PERMIT**PENALTY:** PERMIT CAN NOT ISSUED**Scott Doda Electrical Inspector 01219**

Cell (906)-396-6787

**REQUIRED  
Tax Code Number:**

**36 - - - -****I. JOB LOCATION**

Name of Owner/Agent	Telephone	Has a building permit been obtained for this project?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Required
Street Address & Job Location (Street No. and Name)		City / Village	Township	ZIP Code

**II. CONTRACTOR / HOMEOWNER INFORMATION**

<input type="checkbox"/> Contractor Name	<input type="checkbox"/> Homeowner	State License Number	Expiration Date
Address (Street No. and Name)		State Registration Number	Local Licensing Jurisdiction
City	State	ZIP Code	Local License Number
Telephone Number (      )	Federal Employer ID Number (or reason for exemption)		
Worker's Compensation Insurance Carrier (or reason for exemption)		MESC Employer Number (or reason for exemption)	

**III. TYPE OF JOB**

<input type="checkbox"/> Single Family	<input type="checkbox"/> New	<input type="checkbox"/> Service Only	<input type="checkbox"/> Pre-manufactured Home Setup (State Approved)	<input type="checkbox"/> State Owned
<input type="checkbox"/> Other	<input type="checkbox"/> Alteration	<input type="checkbox"/> Special Inspection	<input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home)	<input type="checkbox"/> School

**IV. PLAN REVIEW REQUIRED**

See below for Plan Review requirements before completing this section. Plans and specifications must be submitted when the wiring or alteration to an electrical system is over 400 amps and is in excess of 3,500 square feet in all buildings.

What is the rating of the service or feeder in ampere? \_\_\_\_\_

What is the building size in square feet? \_\_\_\_\_

Have plans been submitted?  Yes  No  Not Required

Plans are required for all building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal, except:

1. When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area.
2. Work completed by a governmental subdivision or state agency costing less than \$15,000.00

**PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED****V. APPLICANT SIGNATURE**

Section 23a of the state construction code act of 1972, 1972 PA230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines.

Signature of Licensee or Homeowner

**(Homeowner signature indicates compliance with Section VI Homeowners Affidavit)**

Date

**VI. HOMEOWNER AFFIDAVIT**

I hereby certify the electrical work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State Electrical Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the County Electrical Inspector. I will cooperate with the County Electrical Inspector and assume the responsibility to arrange for necessary inspections.

**COMPLETE APPLICATION ON BACK SIDE**

## ELECTRICAL PERMIT APPLICATION • SOLAR ARRAY

FEE CHART • Enter the number of items being installed, multiply by the unit price for total fee.

SOLAR	FEES	#OF ITEMS	TOTAL
S01. Application Fee Solar (non-refundable)	\$ 75.00	1	\$ 75.00
S02. PV Module Panels Solar Array	\$ 6.00		
S03. Plan Review Required \$100/hr minimum	\$ 100.00		
S04. Feeders •per 50'	\$ 6.00		
S05. Disconnect	\$ 10.00		

WIND TURBINES			
S06. Units up to 20 KVA	\$ 6.00		
S07. Units 21 to 50 KVA	\$ 10.00		
S08. Units 51 KVA & over	\$ 12.00		
S09. Conduit or Grounding Inspection	\$ 75.00		

### INSTRUCTIONS FOR COMPLETING APPLICATION

**GENERAL:** Electrical work shall not be started until the application for permit has been filed with the Iron County Construction Code Commission and Appeals Board. All installations shall be in conformance with the State Electrical Code. No work shall be concealed until it has been inspected. The name of the inspector and the telephone number will be provided on the permit form. When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the job location and permit number.

**EXPIRATION OF PERMIT:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CANCELLED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELLED PERMITS CANNOT BE REFUNDED OR REINSTATED.

State ID# 01219

Iron County Construction  
Code Commission  
Scott Doda  
Electrical Inspector

	FEES	#OF ITEMS	TOTAL
<b>INSPECTIONS</b>			
S11. Special Inspection (pertaining to sale of bldg) (does not include an electrical service inspection)	\$ 75.00		
S12. Additional Inspection / Pre Req. Evaluation	\$ 75.00		
S13. Final Inspection	\$ 75.00	1	\$ 75.00
S14. Certification Fee	\$ 30.00		
<b>MAKE CHECK PAYABLE TO: "IRON COUNTY CONSTRUCTION CODE"</b>		Required Min. Fee	\$ 150.00
		Additional Items	
RE pd:			
		TOTAL FEES	\$

<b>OFFICE USE ONLY:</b>		
1st Inspection Date:		
2nd Inspection Date:		
3rd Inspection Date:		
Date Finalized:		
Additional Billings:	1	\$
	2	\$
	3	\$
	4	\$
	5	\$
<b>TOTAL OF ADDITIONAL CHARGES:</b>		\$
<b>DATE OF ADDITIONAL BILLING:</b>		

**Inspections Occur: TUESDAYS**

Call: (906) 396-5787 to request inspection  
**(Provide NAME & PERMIT #)**