



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

SOLAR (ELECTRIC OR PLUMBING) CHECKLIST FORM - (FBC 8th Edition 2023)
THE FOLLOWING INFORMATION & DOCUMENTS ARE REQUIRED FOR PERMIT PROCESSING

- ☐ Completed Building Permit Application
- ☐ Full set of construction documents/plans by registered or authorized design professional. (If plans by registered design professional, then plans must be signed, sealed, dated and have a digitally verifiable signature.)
- ☐ Owner/Builder Affidavit, if applicable
- ☐ Notice of Commencement, if applicable
- ☐ Sub Trade Permit Application, if applicable
- ☐ Solar PV Worksheet, if applicable

GENERAL INFORMATION

N/A

SPECIFIC REQUIREMENTS

N/A

UNIVERSAL COUNTY-WIDE/MUNICIPAL BUILDING PERMIT APPLICATION FORM

January 2024 Edition

Approved for use throughout Palm Beach County and Municipalities

FOR OFFICE USE ONLY

FBC Version: _____ Permit Type: _____

Accepted By: _____ Application Date: _____

Application #: _____

1

KIND of PERMIT (CHECK ONE):

☐ PRIMARY PERMIT

☐ SUB-PERMIT - If Fee & Value of a Sub-Permit are covered under a Primary Permit, complete boxes 1, 3, 4, 5, 6, & 8 only to apply. If not covered under a Primary Permit, complete the entire application to apply.

PRIVATE PROVIDER: ☐ PLAN REVIEW ☐ INSPECTIONS

2

PROPERTY OWNER: _____

TENANT: _____

ADDRESS: _____ UNIT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

3

TRADE (CHECK ONE):

☐ STRUCTURAL ☐ ROOFING ☐ ELECTRICAL

☐ MECHANICAL ☐ PLUMBING ☐ FIRE ☐ GAS

☐ OTHER: _____

PRIMARY PERMIT #: _____

4

PROJECT NAME: _____

PCN: _ _ - _ - _ - _ - _ - _ - _ - _ - _ - _ - _

LEGAL DESCRIPTION: _____

PROJECT ADDRESS: _____

CITY: _____

5

FURTHER WORK DESCRIPTION: _____

Type of Work: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demo ☐ Temporary ☐ Other

VALUE: _____ PERMIT FEE: _____ NET S.F. (for SFD's): _____
(SEE FEE SCHEDULE) (AS APPLIES) (AS APPLIES)

6

☐ OWNER BUILDER PER FL. ST. 489 (AS NAMED ABOVE, FOR CONTACT INFORMATION SEE BOX 2)

☐ CONTRACTOR (CERT. HOLDER): _____ License #: _____

DBA (COMPANY NAME): _____ Contact Person: _____

ADDRESS: _____ STE: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

7

(Signature of Owner or Agent) (including contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence _____ OR Online Notarization _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

8

(Signature of Contractor)

Print Name: _____

NOTARY REQUIRED IF \$ 5,000 OR MORE, OR FOR ALL OWNER / BUILDERS REGARDLESS OF \$ VALUE STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 20____, by

(Name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Physical Presence _____ OR Online Notarization _____

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS & NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$5,000 OR MORE (EXCEPT HVAC REPAIR /REPLACEMENT < \$15,000). PLEASE ADDRESS ALL ITEMS.

⁹
Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address (If other than owner): _____

City: _____ **State:** _____ **Zip:** _____
☐ Same as Owner

¹⁰
Bonding Company: _____

Bonding Company Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹¹
Architect/Engineer's Name: _____

Architect/Engineer's Name Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

¹²
Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

City: _____ **State:** _____ **Zip:** _____
☐ Not Applicable

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

NOTICE TO CONTRACTOR: FOR A DIRECT CONTRACT GREATER THAN \$5,000 (EXCEPT FOR HVAC SYSTEM REPAIR OR REPLACEMENT LESS THAN \$15,000), FLORIDA STATUTES REQUIRE THE APPLICANT TO FILE WITH THE ISSUING AUTHORITY, PRIOR TO THE FIRST INSPECTION, EITHER A CERTIFIED COPY OF THE RECORDED (BY OWNER) NOTICE OF COMMENCEMENT OR A NOTARIZED STATEMENT (BY OWNER) THAT THE NOTICE OF COMMENCEMENT HAS BEEN FILED FOR RECORDING, ALONG WITH A COPY THEREOF. IN THE ABSENCE OF A CERTIFIED COPY OF THE RECORDED NOTICE OF COMMENCEMENT, NO SUBSEQUENT INSPECTIONS CAN BE PERFORMED UNTIL THE APPLICANT FILES SUCH CERTIFIED COPY WITH THE ISSUING AUTHORITY. THE CERTIFIED COPY OF THE NOTICE OF COMMENCEMENT MUST CONTAIN THE NAME AND ADDRESS OF THE OWNER, THE NAME AND ADDRESS OF THE CONTRACTOR, AND THE LOCATION OR ADDRESS OF THE PROPERTY BEING IMPROVED.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

FOR APPLICATIONS SUBMITTED UNDER THE PRIVATE PROVIDER PROVISIONS OF F.S. SECTION 553.791, THIS APPLICATION IS NOT CONSIDERED COMPLETE OR SUFFICIENT FOR PURPOSES OF SUBMISSION TO THE BUILDING DEPARTMENT UNTIL THE APPLICANT SECURES ALL NECESSARY APPROVALS FROM OTHER DEPARTMENTS OR AGENCIES INCLUDING, BUT NOT LIMITED TO, PLANNING, ZONING, ENGINEERING, FIRE RESCUE, ENVIRONMENTAL, AND THE FLORIDA DEPARTMENT OF HEALTH.

OFFICE USE ONLY BELOW THIS LINE

¹³
CODE EDITION/NOTES: _____

¹⁴
USE (CHECK ONE):
☐ 1 & 2 FAMILY ☐ TOWNHOUSE ☐ CONDOMINIUM
☐ MULTI-FAMILY ☐ COMMERCIAL ☐ INDUSTRIAL
☐ AGRICULTURAL - BLDG CODE EXEMPT ☐ OTHER: _____

☐ USE CHANGE: _____

Instrument Prepared By:

Name: _____

Address: _____

PERMIT NUMBER: _____

STATE OF: _____

NOTICE OF COMMENCEMENT

TAX FOLIO NO.: _____

COUNTY OF: _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** (Legal description of the property & street address, if available) **Legal Description:** _____

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** _____

3. **OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: _____

b. Interest in property: _____

c. Name and address of fee simple titleholder (if different from Owner listed above): _____

4. a. **CONTRACTOR:** Name & Address _____

b. Phone number: _____

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name and address: _____

b. Phone number: _____ c. Amount of bond: \$ _____

6. a. **LENDER:** Name and address: _____

b. Phone number: _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

a. Name and address: _____

b. Phone numbers of designated persons: _____

8. a. In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by Owner: _____

9. Expiration date of notice of commencement (the expiration date will be 1 year after the date of recording unless a different date is specified): _____, 20____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE SITE OF THE IMPROVEMENT BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Lessee, or Owner's or Lessee's
Authorized Officer/Director/Partner/Manager)

(Print Name and Provide Signatory's Title/Office)

The foregoing instrument was acknowledged before me by means of _____ physical presence or sworn to (or affirmed) by _____ online notarization,
this _____ day of _____, 20____ by _____
(name of person)

as _____ for _____
(type of authority, e.g. officer, trustee, attorney in fact) (name of party on behalf of whom instrument was executed)

Notary

(Signature of Notary Public)
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification Produced _____



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SOLAR PV (PHOTOVOLTAIC) INSTALLATION CHECKLIST FORM - (FBC 8th Edition 2023)

SITE ADDRESS: _____

STRUCTURAL SPECS:

☐ Mounting/Bracket Manufacturer (WITH PRODUCT APPROVAL): _____

☐ Engineered Attachment Details Included (ALL components & attachments within the wind load path)

ELECTRICAL SPECS:

TOTAL PV Output AMPS: _____ Open Circuit Conductor Size: _____

I. Supply/Line Side Connection:

a. Service Rating: _____

c. Splice/Tap Device: _____

b. Service Conductor Size: _____

d. Manufacturer: _____

II. Point of Connection: **(SELECT ONLY 1)**

IDENTIFY (CIRCLE) THE SYSTEM DESIGN: WIRE/OCPD/BUSBAR/MAIN BREAKER [TABLE IN ACCORDANCE NEC 705.12]

Inverter Output Maximum Current	Inverter OCPD Required	Inverter Output Conductor Size	Minimum Busbar Ampacity and Main Breaker Size Combinations for LOAD Side Connection
64A (AMPS)	80A (AMPS)	4 AWG	400/400 OR 200/150
56A	70A	4 AWG	225/200 OR 250/225
48A	60A	6 AWG	300/300 OR 200/175
40A	50A	8 AWG	125/100 OR 150/125
32A	40A	8 AWG	225/225 OR 200/200 OR 150/125
24A	30A	10 AWG	150/150
16A	20A	12 AWG	100/100 OR 70/60
12A	15A	14 AWG	80/80

APPLICANT'S AFFIDAVIT:

I hereby certify that all the foregoing information is accurate and all work performed will comply with all applicable codes, standards & specifications regulating construction included on both pages of this document and have fully provided all the information requested.

Qualifier Name

Qualifier Signature

Date



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POLICIES & PROCEDURES FOR SOLAR PHOTOVOLTAIC (PV)

The information provided herein serves to assist permit holders in understanding building code and building division policies effecting solar photovoltaic (PV) permits. Please contact the building division before commencing work if there are questions regarding code requirements.

****THE TOWN OF LOXAHATCHEE GROVES DOES NOT ACCEPT CONTRACTOR AFFIDAVITS NOR ENGINEERING CERTIFICATIONS WITHOUT PRIOR APPROVAL OF THE BUILDING OFFICIAL AS PER FBC-B 8TH ED., 2023 CHAPTER 1 – SECTION 110.1.3. CERTIFICATIONS AND AFFIDAVITS (IF PERMITTED VIA PRIOR APPROVAL OF THE BUILDING OFFICIAL) ARE TO BE ACCOMPANIED BY EXTENSIVE PHOTOGRAPHIC EVIDENCE OF SUFFICIENT DETAIL TO DEMONSTRATE CODE COMPLIANCE.****

Qualifier certifies ALL of the following STRUCTURAL statements:

- This is a detached Single Family Dwelling (SFD) or a free-standing Residential Accessory Structure
- This structure is legally permitted, and is compliant with setbacks and height requirements
- Solar PV Installation Checklist Form is fully completed
- The existing roof assembly and covering are in satisfactory condition for the proposed installation
- The Homeowner has been advised of the impact a rooftop installation might have on existing warranties
- The roof is framed with wood trusses or rafters at no greater than 24" on center
- The Design Wind Speed for the project is 170v_{ult} MPH; Exposure B or C
- The Mounting System is Site-Specifically Engineered to 170v_{ult} MPH wind-load pressures
- The Qualifier has provided a detailed Roof Layout
- **The Array is set back from all roof edges by at least 3' (three feet)**
- The Array does not cantilever over the perimeter anchors by more than 6" (inches)
- The gap under the modules to the roof surface does not exceed 12" (inches)
- Anchor-to-roof Flashing/Sealing method and product(s) are identified and listed for this use

Qualifier certifies ALL of the following ELECTRICAL statements:

- The Solar PV maximum load to be added to the panel-board/service is based on the rating of the system (see checklist for wire, inverter, disconnect, sizing, etc.)
- The Qualifier has provided rail system grounding detail
- The Qualifier has provided a one (1) line diagram & system design
- The System is FSEC Certified or is designed by an appropriate licensed professional
- The PV System is composed of 4 series strings or less, per Inverter
- All modules, inverters, combiner boxes, etc. are identified, listed and labeled for use in PV systems

Contractor to request In-Progress inspection with Building Department. **NO CONTRACTOR AFFIDAVITS NOR ENGINEERING CERTIFICATION ACCEPTED WITHOUT PRIOR APPROVAL BY THE BUILDING OFFICIAL.**

Contractor to be on site during In-Progress Inspection and provide access for BOTH the structural in-progress as well as the Electrical Rough inspection. Contact the Building Department the day of the inspection between 8:30A-9:00A to obtain inspection timeframe.