

SITE SURVEY CHECKLIST



GENERAL INFORMATION

Date of Survey: *March 14th*

Site Name: *McCall residence*

Contact Name: *Matt McCall*

Site Street Address: *6260 SW 5th Street*

City: *Plantation* State: *FL* Zip: *33317* County: *Broward*

Phone: *311-867-5309* Fax: ()

Email: *mccall2954@gmail.com*

Utility Company: *FPL* Net Metering? (*Y*) N) Outdoor Disconnect Requirement? (*Y*) N)

Building Permitting Agency: *Building department, City of Plantation*

Home Owners Association Requirements: *None*

Utility or Government Incentives:

1. ROOF OR OTHER ARRAY MOUNTING SURFACE

Check boxes or specify in the blank for items below.

1.01 Building Type

☒ Residential *Block, wood framed porch on back w/ flat roof*

☐ Commercial

☐ Industrial

1.02 Type of Roof Material or Mounting Surface (Specify): *Shingle*

1.03 Roof or Mounting Surface Condition: *Good*

1.04 Age: *6 years*

1.05 Supporting Structure (e.g. roof trusses)

☐ Accessible *Did not check*

☐ Adequate Strength

1.06 Roof or Mounting Surface Slope (e.g., 5/12, flat): *3:12*

1.07 Area (Sq. ft.)

- Azimuth Direction (degrees E or W of true South): *-10 degrees*

- Eave Height (ft.):

- Ridge Height (ft.):

1.08 Accessibility to Proposed Array Location

☒ Easy ☐ Moderate ☐ Unacceptable

1.09 Area (sq. ft.) Suitable for the Array (based on shading) *44 x 13* sq. ft. *572* *Usable area of*

Roof Obstructions/Location: *Tree on Southeast corner* *South facing roof section*

2. INVERTER, UTILITY ACCESS, BATTERIES AND ENGINE-GENERATOR (AS APPLICABLE)

2.01 Utility Service

Voltage: *240*

Amps: *200*

Phase: ☒ Single ☐ Three

2.02 Proposed Inverter Location (Specify):

2.03 Accessibility to Proposed Inverter Location

☐ Easy

☒ Moderate

☐ Unacceptable

2.04 Proposed Battery Location (Specify, if applicable):

2.05 Accessibility to Proposed Battery Location

☐ Adequate Ventilation

	<input type="checkbox"/> Adequate Location
	<input type="checkbox"/> Accessible
2.06	Proposed Engine-Generator Location (Specify, if applicable):
	<input type="checkbox"/> Adequate Ventilation
	<input type="checkbox"/> Adequate Location
	<input type="checkbox"/> Accessible



RECOMMENDATION

Check the appropriate box below.



Approve site for system installation



Do not approve site for system installation (If site not approved, specify reasons for rejection below:
Site Approved



SURVEY REVIEWER INFORMATION

Name:

Organization:

Signature:

Date:

Please list other committee members reviewing this design:

Name

Organization

SKETCH ROOF AREA AND PROPOSED ARRAY LOCATION (OR ATTACH ON A SEPARATE PAGE)

Available Roof Area (sq. ft.)

