

SITE SURVEY CHECKLIST



GENERAL INFORMATION

Date of Survey:

Site Name:

Contact Name:

Site Street Address:

City:

State:

Zip:

Country:

Phone: ()

Fax: ()

Email:

Utility Company:

Net Metering? (Y / N)

Outdoor Disconnect Requirement? (Y / N)

Building Permitting Agency:

Home Owners Association Requirements:

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

☐ Commercial

☐ Industrial

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

1.03 Roof or Mounting Surface Condition:

1.04 Age:

1.05 Supporting Structure (e.g. roof trusses)

☐ Accessible

☐ Adequate Strength

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

1.07 Area (Sq. ft.)

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

- 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)

sq. ft.

Roof Obstructions/Location:

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

2.01 Utility Service

Voltage:

Amps:

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	
<p><i>Check the appropriate box below.</i></p> <p><input type="checkbox"/> Approve site for system installation</p> <p><input type="checkbox"/> Do not approve site for system installation (If site not approved, specify reasons for rejection below:)</p> <p>Site Approved</p>	
 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.)	