



VILLAGE OF COAL VALLEY
BUILDING PERMIT APPLICATION
GENERAL
PERMIT # _____

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION			
PROPERTY ADDRESS:			
TOWNSHIP:		TAX PARCEL NUMBER:	
ZONING CLASSIFICATION:		IS PROPERTY IN THE FLOODPLAIN?	

CONSTRUCTION DETAILS			
TYPE	DESCRIPTION	QTY	VALUTN/BID
REMODEL			
SIDING			
ROOFING			
SOFFIT/FASCIA			
WINDOWS			
DOORS			
DEMOLITION			
DECK			
MANUFACTURED HOME			
ACCESSORY BUILDING			
OTHER _____			
OTHER _____			
OTHER _____			

SUBCONTRACTORS	
	:

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by the State of Illinois and Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____

VILLAGE OF COAL VALLEY

Permit #		
Plumbing Permit #		

BUILDING PERMIT APPLICATION

SINGLE FAMILY DWELLING – NEW RESIDENCE

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION	
PROPERTY ADDRESS:	
TAX PARCEL NUMBER:	
TOWNSHIP:	
ZONING CLASSIFICATION:	
IS PROPERTY IN THE FLOODPLAIN?	

PLANS SUBMITTAL CHECKLIST		Office Use Only
	SITE PLAN (see handout)	
	TWO (2) SETS OF BLUEPRINTS	
	ENGINEERED TRUSS DRAWINGS	
	TRUSS LAYOUT SHEET	
	SPRINKLER PLANS	
	RESCHECK OR OTHER SIMILAR COMPLIANCE REPORT	
	WINDOW SCHEDULE	
	LIST OF SUBCONTRACTORS	
	APPROVED AND ISSUED GRADING AND DRAINAGE PERMIT	#
	APPROVAL FROM HEALTH DEPARTMENT	#
	APPROVAL FROM STATE/COUNTY/CITY/TWNSHP ROAD COM	#
	APPROVAL ANDALUSIA ZONING & PUBLIC WORKS (if applicable)	
	ELEVATION CERTIFICATE (if applicable)	
	SIGNED CONTRACT WITH BID PRICE	

Current Codes Being Used (with local amendments):

- * 2012 International Residential Code*
- * 2011 National Electrical Code*
- * 2018 IECC per Illinois Energy Efficient Buildings Act (20 ILCS 3125/1)
- * State of Illinois Plumbing Code (225 ILCS 320)
- * Illinois Accessibility Code (410 ILCS 25)
- * Rock Island County Zoning Resolution

SUBCONTRACTORS		
TYPE	NAME	REGISTERED?
ELECTRICAL		
EXCAVATION		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
RADON		
ROOFING		
SPRINKLER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

DESCRIPTION			SQ FT
# OF BEDROOMS		# OF BATHROOMS	
FOUNDATION TYPE			
FRAMING TYPE 1 ST STORY			
FRAMING TYPE 2 ND STORY			
ATTACHED DECK			
DETACHED DECK			
COVERED PORCH			
GARAGE – ATTACHED			
STONE OR BRICK			
FIRE PLACE			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____



VILLAGE OF COAL VALLEY PERMIT # _____

BUILDING PERMIT APPLICATION

COMMERCIAL

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION	
PROPERTY ADDRESS:	
TAX PARCEL NUMBER:	
TOWNSHIP:	
ZONING CLASSIFICATION:	
IS PROPERTY IN THE FLOODPLAIN?	

JOB DESCRIPTION	
TYPE OF CONSTRUCTION (IBC Chapter 6)	
OCCUPANCY TYPE (IBC Chapter 3)	
NUMBER OF STORIES	
SPRINKLERS REQUIRED?	

PLANS SUBMITTAL CHECKLIST	
	TWO (2) SETS OF BLUEPRINTS – SIGNED AND STAMPED
	COMCHECK OR OTHER SIMILAR COMPLIANCE REPORT
	SITE PLAN
	LIST OF SUBCONTRACTORS
	APPROVED AND ISSUED GRADING AND DRAINAGE PERMIT
	APPROVAL FROM HEALTH DEPARTMENT
	APPROVAL ANDALUSIA ZONING & PUBLIC WORKS (if applicable)
	ELEVATION CERTIFICATE (if applicable)

Current Codes Being Used (*with local amendments):

- * 2012 International Building Code*
- * 2012 International Existing Building Code*
- * 2012 International Fuel Gas Code*
- * 2012 International Mechanical Code*
- * 2011 National Electrical Code*
- * 2018 IECC per Illinois Energy Efficient Buildings Act (20 ILCS 3125/1)
- * State of Illinois Plumbing Code (225 ILCS 320)
- * Illinois Accessibility Code (410 ILCS 25)
- * Fire Code – Check with Fire Protection District
- * Rock Island County Zoning Resolution

SUBCONTRACTORS		
TYPE	NAME	REGISTERED
ELECTRICAL		
EROSION CONTROL		
SITE WORK		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
ROOFING		
SPRINKLER		
FIRE PROTECTION		
OTHER		
OTHER		
OTHER		
OTHER		

BID PRICES		SQ FT
TOTAL PROJECT		
ELECTRICAL		
HVAC/MECHANICAL		
PLUMBING		
FIRE PROTECTION		
OTHER		
OTHER		

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____



VILLAGE OF COAL VALLEY PERMIT # _____

BUILDING PERMIT APPLICATION

SINGLE FAMILY DWELLING – ROOM ADDITION

PROPERTY OWNER		GENERAL CONTRACTOR	
NAME:		COMPANY:	
ADDRESS:		CONTACT:	
CITY, ST, ZIP:		ADDRESS:	
PHONE #:		CITY, ST, ZIP:	
PHONE #:		PHONE #:	
		PHONE #:	

PROPERTY INFORMATION	
PROPERTY ADDRESS:	
TAX PARCEL NUMBER:	
TOWNSHIP:	
ZONING CLASSIFICATION:	
IS PROPERTY IN THE FLOODPLAIN?	

PLANS SUBMITTAL CHECKLIST	
SITE PLAN (see handout)	
TWO (2) SETS OF PLANS – TYPICAL WALL SECTION (see handout)	
ENGINEERED TRUSS DRAWINGS	
TRUSS LAYOUT SHEET	
RESCHECK OR OTHER SIMILAR COMPLIANCE REPORT	
WINDOW SCHEDULE	
LIST OF SUBCONTRACTORS	
APPROVED AND ISSUED GRADING AND DRAINAGE PERMIT	#
APPROVAL FROM HEALTH DEPARTMENT	#
APPROVAL ANDALUSIA ZONING & PUBLIC WORKS (if applicable)	
ELEVATION CERTIFICATE (if applicable)	
SIGNED CONTRACT WITH BID PRICE	

Current Codes Being Used (with local amendments):

- * 2012 International Residential Code*
- * 2011 National Electrical Code*
- * 2018 IECC per Illinois Energy Efficient Buildings Act (20 ILCS 3125/1)
- * State of Illinois Plumbing Code (225 ILCS 320)
- * Illinois Accessibility Code (410 ILCS 25)
- * Rock Island County Zoning Resolution

SUBCONTRACTORS		
TYPE	NAME	REGISTERED
ELECTRICAL		
EROSION CONTROL		
EXCAVATION		
FOUNDATION		
FRAMING		
HVAC		
INSULATION		
PLUMBING		
RADON		
ROOFING		
SPRINKLER		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

DESCRIPTION		SQ FT
# OF BEDROOMS	# OF BATHROOMS	
FOUNDATION TYPE		
FRAMING TYPE 1 ST STORY		
FRAMING TYPE 2 ND STORY		
ATTACHED DECK		
DETACHED DECK		
COVERED PORCH		
GARAGE – ATTACHED		
STONE OR BRICK		
FIRE PLACE		
OTHER		
OTHER		
OTHER		
OTHER		
OTHER		

Under penalty of intentional misrepresentation and/or perjury, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with the building codes, as adopted by Rock Island County. I agree this structure shall not be used, occupied or furnished in whole or in part until a *Certificate of Occupancy* is issued as required by law.

APPLICANT SIGNATURE _____ DATE _____

**VILLAGE OF COAL VALLEY**

Permit Application

Electrical**Section 1 PROJECT INFORMATION**

Project Address: _____

Owner Name: _____

Owner Phone: _____

(required fields)

Description of Work Proposed: _____

FOR OFFICE USE ONLY

Permit No

Permit Fee

\$

Building Official Authorization Signature:

X _____

Date of Authorization: _____

- Electrical Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Rock Island County Registered Contractor.

Section 2 LOW VOLTAGE WIRING PROJECTS

(check one) New Construction Existing Building (check one) Residential Non-Residential (check one) Installation Alteration

If Low Voltage Wiring work will be performed, what kind of system is being installed:

Security System Data and Telecommunication Cabling Media Room Lighting Other: _____

Section 3 RESIDENTIAL Project Details

Single Family Multi-Family Accessory Building

New Construction Total Square Ft: _____

Rewire Total Square Ft: _____

Add New Service Size/type: _____

Generator Size/type: _____

Estimated Total Project Cost \$ _____

Check All that Apply:Replace/Upgrade Service Temp Service
NESC Violation Incidentals # _____**Section 4 NON-RESIDENTIAL Project Details**

Main Structure Accessory Building

New Construction Value \$ _____

Rewire Value \$ _____

Add New Service Size/type: _____

Generator Size/type: _____

Estimated Total Project Cost \$ _____

Check All that Apply:Replace/Upgrade Service Temp Service
NESC Violation Incidentals # _____**Section 5 APPLICANT INFORMATION****ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY**

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the County of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: X _____ Date: _____

CALL JULIE BEFORE YOU DIG. Call 811 or 800-892-0123 for locate requests.



VILLAGE OF COAL VALLEY

Permit Application Plumbing

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____
Required only if Applicant is contractor or property agent

Owner Phone: _____

Description of Work Proposed: _____

FOR OFFICE USE ONLY

Permit No

Permit Fee

\$

Building Official Authorization Signature:

X _____

Date of Authorization: _____

Plumbing Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Illinois Licensed and registered plumbing Contractor.

Section 2 VALUATION

Estimated Total Cost

\$ _____

Section 3 PLUMBING DETAILS

QTY	FIXTURE	QTY	FIXTURE	QTY	FIXTURE
	Water Heater		Water Closet		Urinals
	Area Drains		Bath Tubs		Shower Stalls
	Roof Drains		Floor Drains		Ice Makers
	Sinks		Fire Heads/Valves		Dishwashers
	Lavatory		Water Service		Water Tap
	Disposal Units		Water Conditioners		Grease Traps
	Water Piping		Auto Washers		R.P.Z. Valves
	Sewer Repairs		Gas Piping		Sewer Connections

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the State of Illinois Plumbing Code, the International Codes and applicable ordinances of the County of Rock Island. I also understand that it is my responsibility to contact the Zoning & Building Safety Department for applicable Inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: X _____ Date: _____



VILLAGE OF COAL VALLEY

Permit Application Mechanical

Section 1 PROJECT INFORMATION

1 FAMILY 2 FAMILY OTHER RESIDENTIAL NON-RESIDENTIAL

Project Address: _____

Owner Name: _____

Required only if Applicant is contractor or property agent

Owner Phone: _____

Description of Work Proposed: _____

Section 3 MECHANICAL DETAILS

QTY	FIXTURE	QTY	FIXTURE
	Other: _____		Other: _____
	Air Conditioning/Air Cooling BTU _____		Chimney Liner
	Steam/Boiler BTU _____		Electronic Filter
	Space Heating System BTU _____		Duct Work
	Unit Heater BTU _____		Wood Stove
	Forced Air Furnace BTU _____		Exhaust System
	Gas Fireplace BTU _____		Hot Water/Boiler
	Roof Top Unit BTU _____		Central Heat System
	Process Piping		Ventilation System
	Cooling Tower		

Section 4 APPLICANT INFORMATION

ALL WORK MUST CONFORM TO THE CODES OF ROCK ISLAND COUNTY

I hereby certify that I have the authority to make the forgoing application, that the information given is correct, and that all construction will comply with the International Codes and applicable ordinances of the City of Rock Island. I also understand that it is my responsibility to contact the Inspection Division for applicable Inspections when work is completed.

Applicant Name: _____

Applicant Address: _____

Applicant Phone : _____

As the Applicant for this permit I certify that I am the (must initial one) _____ Property Owner _____ Contractor _____ Authorized Agent for the address where above work is being conducted.

Applicant Signature: **X** _____ Date: _____

* CONTRACTOR _____

(Please supply Name and Phone Number for Property Owner)

FOR OFFICE USE ONLY

Permit No

Permit Fee

\$

Building Official Authorization Signature:

X _____

Date of Authorization: _____

Mechanical Permits for Rental, Commercial or any other non-owner occupied properties must be submitted by a Illinois Licensed and Rock Island County Registered

Section 2 VALUATION

Estimated Total Cost

\$ _____



VILLAGE OF COAL VALLEY

Swimming Pool Permit Application

1. AUTHORIZATION REQUIREMENTS.

Permit # _____

Application is hereby made for installation of a swimming pool of a private residence.

All sections must be completed and no work may commence prior to permit approval. Permit are require for all vessels capable of hold 24 inches of water. **Do not fill pool with water until a final inspection has been completed.**

2. PROPERTY INFORMATION.

Address _____

Owner(s) Name(s) _____ Phone _____

Address _____

Installer(s) Name(s) _____ Phone _____

Address _____

3. IS PROPERTY LOCATED IN THE REGULATORY FLOODWAY? ☐ Yes ☐ No

A permit must first be obtained from the Illinois Department of Natural Resources – Office of Water Resources.

Fences are not allowed (Section 3-2-8.11.g).

4. TYPE OF POOL.

- ☐ Bladder or storable (any depth, non-metallic)
- ☐ On Ground – max water depth of 42”
- ☐ On Ground – 42 inches in depth or more or Partially In Ground (circle one)
- ☐ In Ground – entirely below grade
- ☐ Inside a Building
- ☐ Hot Tub or Spa

5. TYPE OF BARRIER.

A barrier to restrict access is required for all swimming pools. Barriers (fences or other access restrictions) must be 48 inches high and the bottom must be within 2 inches of grade. Access gates must be self-closing, self-latching and gate latches must be 54” high or on the pool side more than 3” below the top of the gate. **See Figure 1.**

- ☐ Existing Fence
- ☐ New Fence to be constructed.
- ☐ Using side of pool as barrier with locking ladder (Above Ground Pools).
- ☐ Exterior wall of home to be used as one side of barrier.(choose one of option below)
 - o Alarm to be installed on all doors with access to fenced in area in compliance with UL 2017;
 - o Powered Safety Cover in compliance with ASTM F1346.

6. ELECTRICAL REQUIREMENTS.

Electrical requirements for swimming pool installation can be complicated. Please consult a qualified electrician and follow section 680 of the 2011 National Electric Code (NEC). **See Figure 2.**

7. LOCATION ON PROPERTY.

Zoning requirements treat swimming pools as accessory structures. This requires a 5 foot set back from side and rear yards and it shall not be in the front yard. You should also review all easements and pay attention to the location of your septic and well. Use this checklist for submittal:

- ☐ Site Plan. Provide a site plan that shows all setbacks and easements. **See page 3.**
- ☐ Zoning Approval Approved: _____ Date: _____
- ☐ Health Department Approval Approved: _____ Date: _____
- ☐ Mid American Energy Approval. (Must have signed form).
- ☐ I have reviewed all other easements & covenants of my subdivision.

8. APPLICANT’S CERTIFICATE.

I hereby certify that all the statements in and attachments to this application are a true description of the existing property and the proposed development project. I agree to abide by all development requirements of Rock Island County, Illinois.

Applicant Name (print)

Applicant Signature

Date

Figure 1 – Barrier Requirements

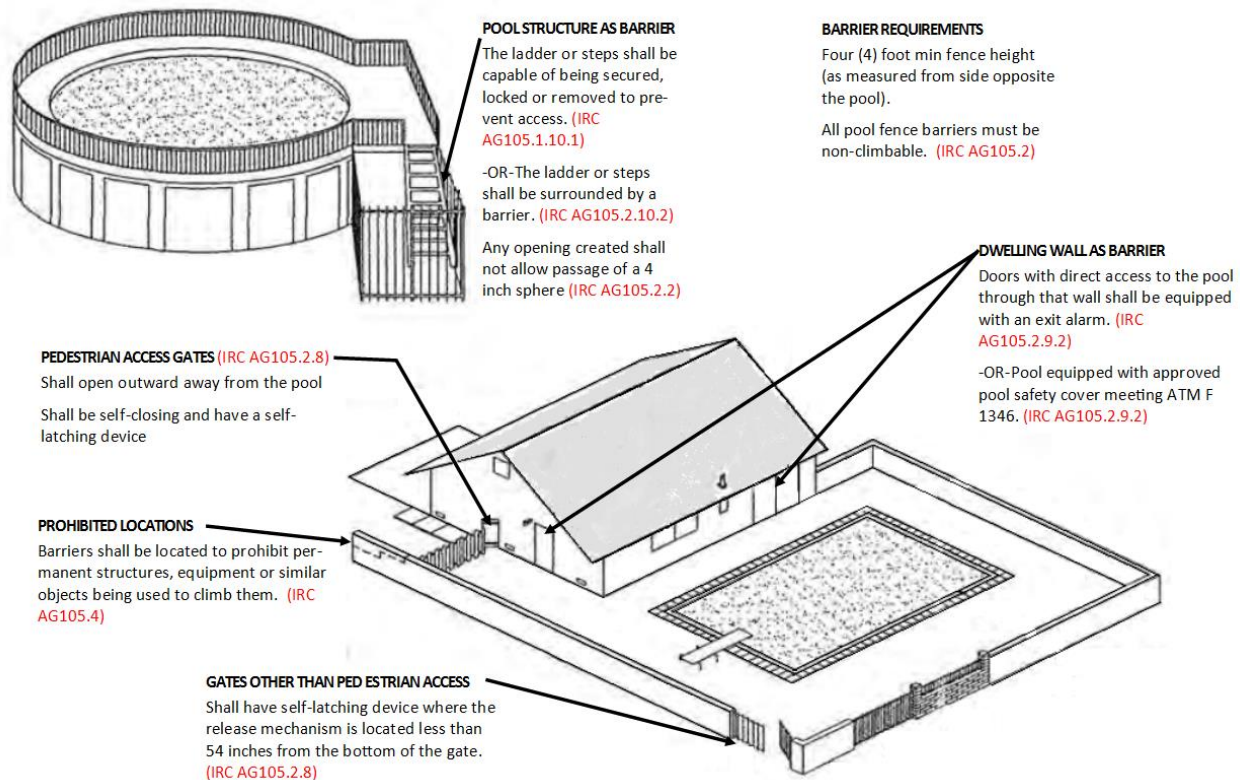
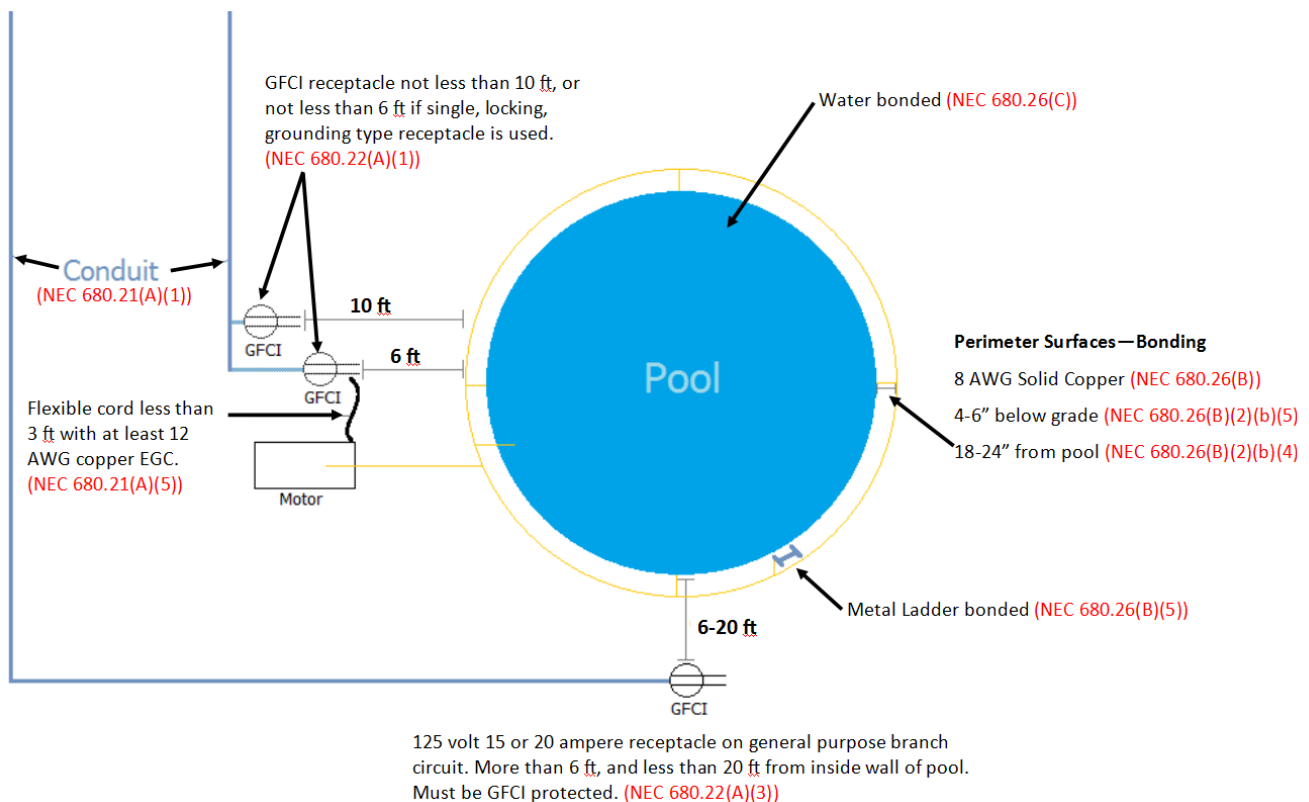




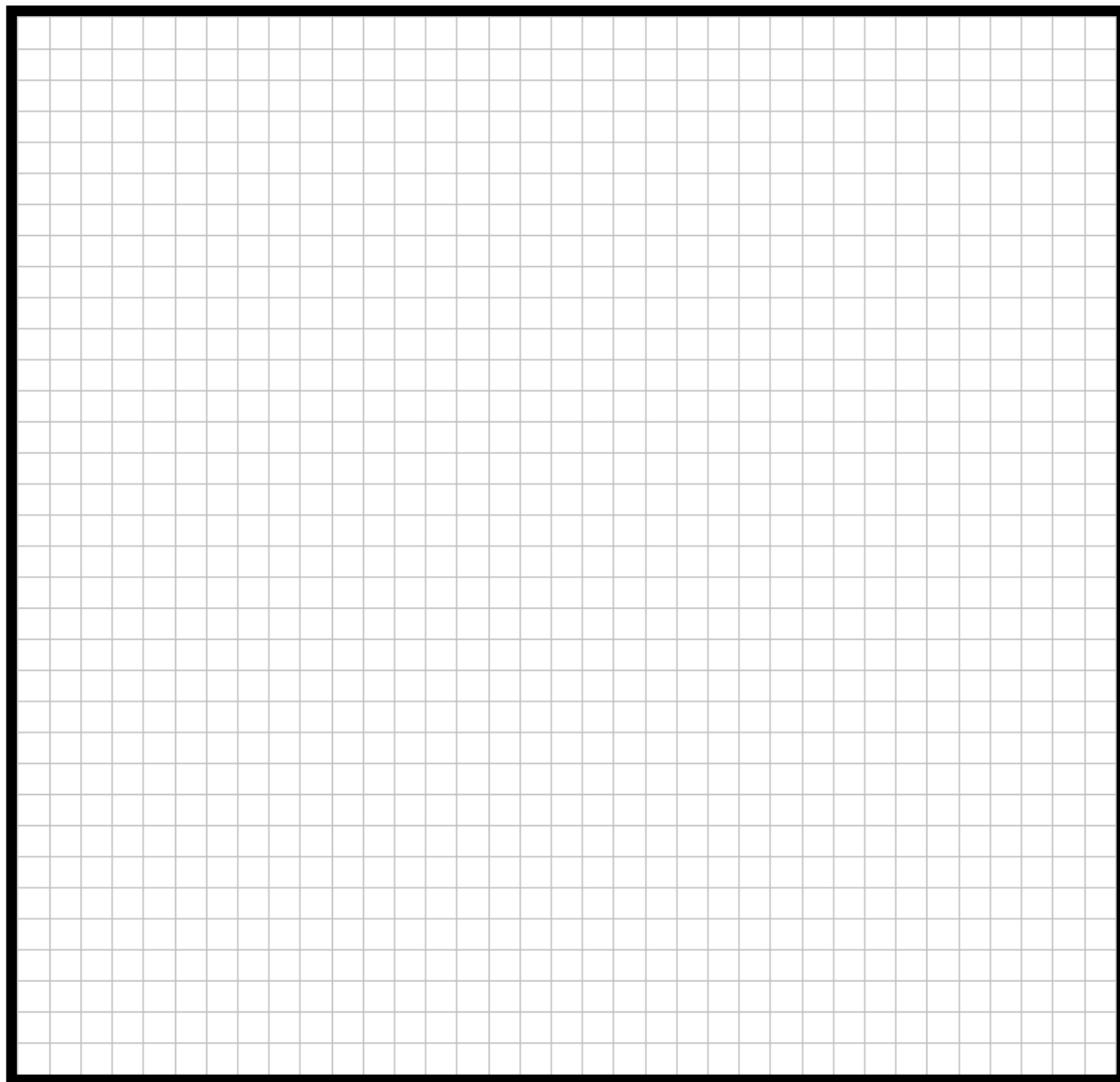
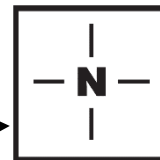
Figure 2 – Electrical Requirements



SITE PLAN

Instructions:

1. Complete this plan by showing all dimensions of your project and its relationships to existing buildings or structures, utilities, property lines and easements.
2. Show all Easements. Easements are agreements between landowners. While this office is not responsible for enforcing these agreements, they are legally binding and must be followed during construction.
3. Indicate North by completing the arrow. 
4. Indicate what scale you are using.  Scale: 1 box = _____ feet



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Approved as noted _____ **Date of Approval** _____

(Name Printed) (Signature)

CLEARANCE FOR CONDUCTORS INSTALLED OVER OR NEAR SWIMMING AREAS (REFERENCE NESC 234E)

Swimming Pools

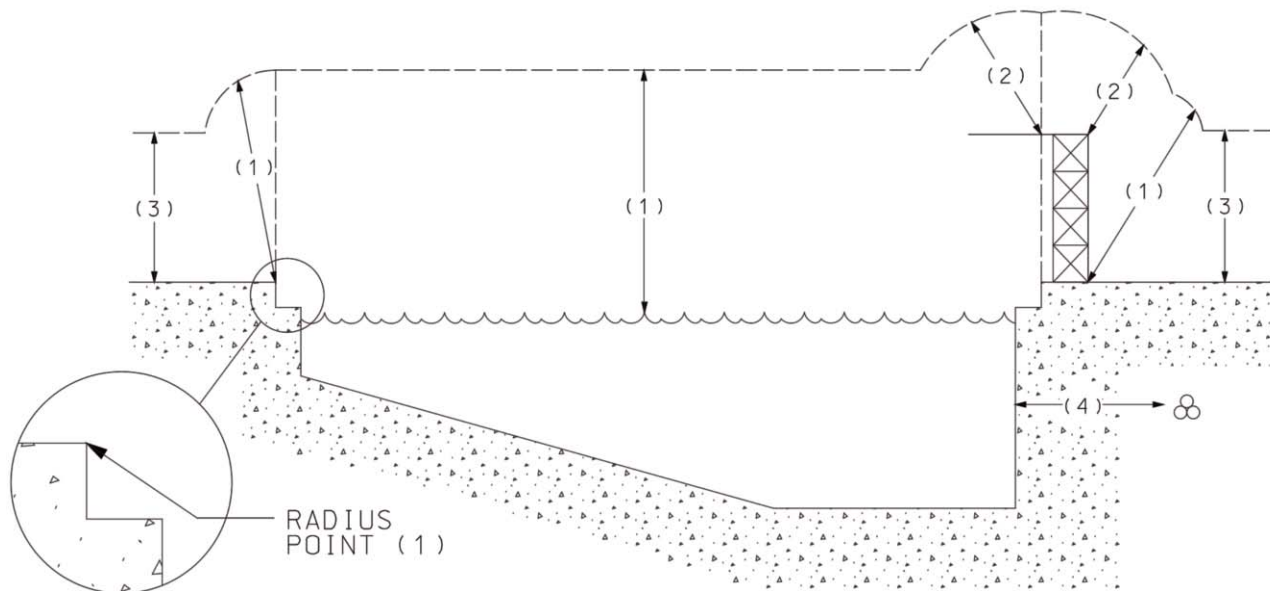
Conductors installed within 10' horizontally from the pool edge or diving platform must maintain basic vertical clearances as depicted in the following table.

This rule does not apply to a pool fully enclosed by a solid or screened permanent structure.

Beaches and Waterways Restricted to Swimming

Where rescue poles are used by lifeguards at supervised swimming beaches, the required basic vertical and horizontal clearances shall be as shown on the following table.

CLEARANCES TO SWIMMING AREAS	UNGUARDED RIGID LIVE PARTS, 0-750V; SECONDARY CABLE	GROUNDED OR INSULATED GUYS; NEUTRAL COND.	OPEN SUPPLY CONDUCTORS		
			0-750V	750V-15kV	ALL 34.5kV
(1) CLEARANCE IN ANY DIRECTION FROM THE EDGE OF POOL, BASE OF DIVING PLATFORM, OR ANCHORED RAFT	22'-6"	22'-0"	23'-0"	25'-0"	25'-6"
(2) CLEARANCE IN ANY DIRECTION TO THE DIVING PLATFORM OR TOWER	14'-6"	14'-0"	15'-0"	17'-0"	17'-6"
(3) VERTICAL CLEARANCE OVER ADJACENT LAND	AS REQUIRED IN CLEARANCES ABOVE GROUND OR ROADWAYS (REF. NESC 232)				
(4) UNDERGROUND DIRECT BURIED CABLE	5' FROM POOL OR AUXILLARY EQUIPMENT (REF. NESC 351C1)				



VILLAGE OF COAL VALLEY

PHOTOVOLTAIC SYSTEMS

PV WORKSHEET – STANDARD STRING ARRAY

Solar photovoltaic (PV) systems have widely gained acceptance as an alternative energy source. Installations range from small arrays supplying bus stop luminaires to large arrays that cover acres. Since each installation comes with its own characteristics, this worksheet has been provided for the installer to complete and submit to his/her electrical inspector for obtaining a permit. The entire PV system installation must comply with Article 690 of the 2014 National Electrical Code (NEC).

To obtain a permit, please provide the following documentation to Rock Island County Building & Zoning:

1. Pages 2, 3, and 4 of this document
2. Equipment spec/cut sheets for grounding/bonding fittings, modules, inverters, micro inverters, or optimizers (if these are not available, complete Page 4 of this document)
3. A one-line diagram of the PV system including service interconnection
4. A site plan showing the relative location of the array and the PV equipment on the property. Also provide the location of service and distance from array

A PV installer is allowed to construct the support system; mount the modules, inverters, or optimizers; and connect the factory-provided module wiring harness (plug and play). The remainder of the installation, such as panelboards, raceways, boxes, fittings, breakers, and building wire, shall be installed by a licensed electrical contractor.

PHOTOVOLTAIC SYSTEMS

PV SYSTEM INFORMATION

TYPE OF ARRAY			
Y		N	
Roof array?		Rapid shutdown required (690.12)?	
Ground array?		Guarding of conductors required (690.31A)?	

PV SYSTEM OVERVIEW		LOAD SIDE CONNECTION ¹	
Maximum system voltage		Service voltage	
# Modules/string		Service panel main breaker	
# Strings in system		Service panel bus rating	
Maximum circuit current		Service conductor size	
Battery storage?	Y N	PV system OCPD ² rating	

CALCULATIONS:

MAXIMUM SYSTEM VOLTAGE – 690.7(A):

$$(V_{oc}) \text{ (module label)} \times \text{Thermal Coefficient}^3 \times \# \text{ of modules/string} = V_{MAX}$$

MAXIMUM CIRCUIT CURRENT – 690.8(a)(1):

$$(I_{sc}) \text{ (module label)} \times (\text{sum of paralleled modules}) \times 125\% = I_{MAX}$$

OVERCURRENT DEVICE RATING – 690.9(B):

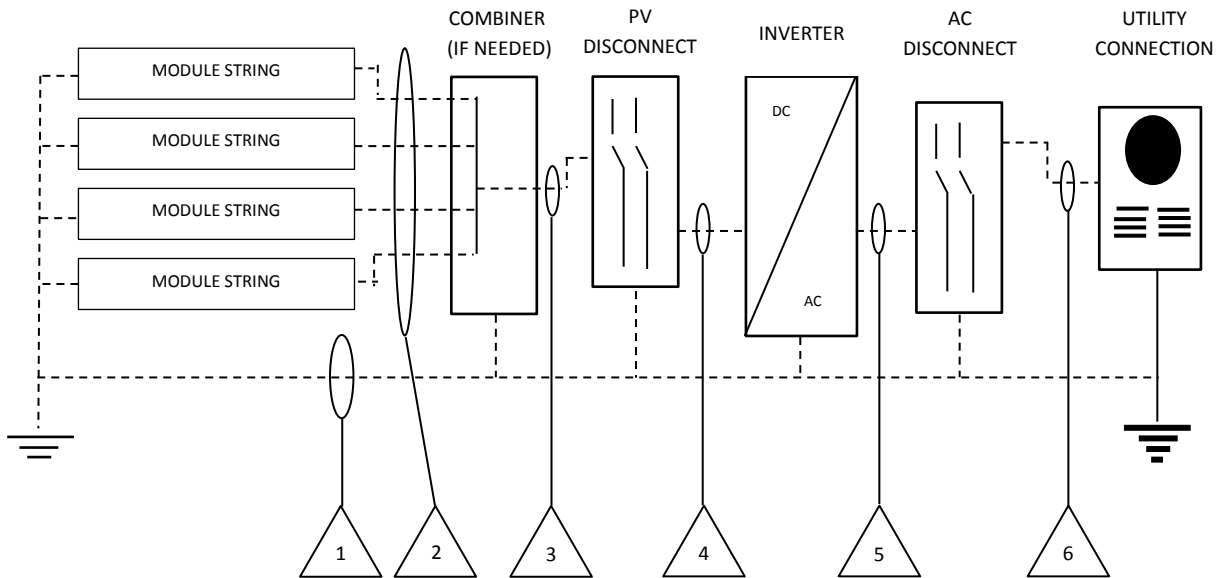
$$(I_{MAX}) \times 125\% = \text{OCPD}$$

¹ Supply side connections may be allowed by your utility and shall comply with 705.12(A)

² OCPD – Overcurrent Protective Device

PHOTOVOLTAIC SYSTEMS

CONDUCTOR AND RACEWAY SCHEDULE



Δ	CONDUCTOR TYPE			CONDUCTOR AWG	CONDUIT TYPE	CONDUIT SIZE
1	Copper Grounding Electrode Conductor Copper Equipment Grounding Conductor					
2	PV Source Conductors Use-2 PV Wire					
3	THWN-2	XHHW-2	RHW-2			
4	THWN-2	XHHW-2	RHW-2			
5	THWN-2	XHHW-2	RHW-2			
6	THWN-2	XHHW-2	RHW-2			



PHOTOVOLTAIC SYSTEMS

PV WORKSHEET – MICRO-INVERTER ARRAY

Solar photovoltaic (PV) systems have widely gained acceptance as an alternative energy source, and installations range from small arrays supplying bus stop luminaires to large arrays that cover acres. Since each installation comes with its own characteristics, this worksheet has been provided for the installer to complete and submit to his/her electrical inspector for obtaining a permit. The entire PV system installation must comply with Article 690 of the 2014 National Electric Code (NEC).

To obtain a permit, please provide the following documentation to Rock Island County Building & Zoning:

1. Pages 2, 3, and 4 of this document
2. Equipment spec/cut sheets for grounding/bonding fittings, modules, inverters, micro inverters, or optimizers (if these are not available, complete page 4 of this document)
3. A one-line diagram of the PV system including service interconnection
4. A site plan showing the relative location of the array and the PV equipment on the property. Also provide the location of service and distance from array.

A PV installer is allowed to construct the support system; mount the modules, inverters, or optimizers; and connect the factory-provided module wiring harness (plug and play). The remainder of the installation, such as panelboards, raceways, boxes, fittings, breakers, and building wire shall be installed by a licensed electrical contractor.

PHOTOVOLTAIC SYSTEMS

PV SYSTEM INFORMATION

TYPE OF ARRAY			
Y	N	Y	N
Roof array?		Rapid shutdown required (690.12)?	
Ground array?		Guarding of conductors required (690.31A)?	

PV SYSTEM OVERVIEW		LOAD SIDE CONNECTION ¹	
Maximum system voltage		Service voltage	
# Modules/string		Service panel main breaker	
# Strings in system		Service panel bus rating	
Maximum circuit current		Service conductor size	
Battery storage?	Y N	PV system OCPD ² rating	

CALCULATIONS:

MAXIMUM SYSTEM VOLTAGE – 690.7(A):

$(V_{oc}) \text{ (module label)} \times \text{Thermal Coefficient}^3 \times \# \text{ of modules/string} = V_{MAX}$

MAXIMUM CIRCUIT CURRENT – 690.8(a)(1):

$(I_{sc}) \text{ (module label)} \times (\text{sum of paralleled modules}) \times 125\% = I_{MAX}$

OVERCURRENT DEVICE RATING – 690.9(B):

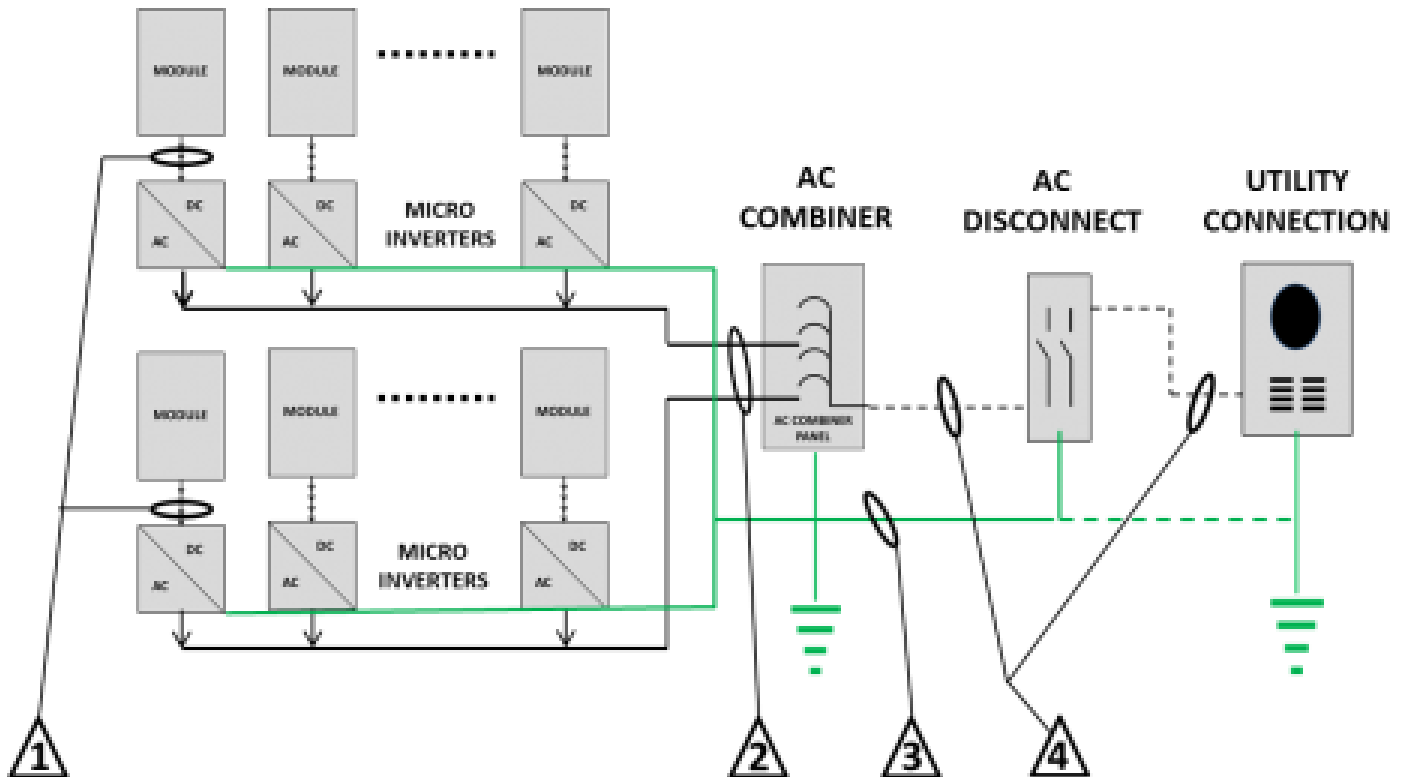
$(I_{MAX}) \times 125\% = \text{OCPD}$

¹ Supply side connections may be allowed by your utility and shall comply with 705.12(A)

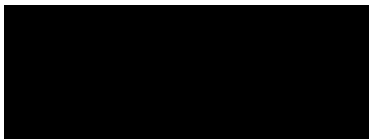
² OCPD – Overcurrent Protective Device

PHOTOVOLTAIC SYSTEMS

CONDUCTOR AND RACEWAY SCHEDULE



Δ	CONDUCTOR TYPE	CONDUCTOR AWG	CONDUIT TYPE	CONDUIT SIZE
1	PV Source Conductors USE-2 PV Wire	MFG Cable		
2	Exterior cable listed with inverter	MFG Cable		
3	Grounding electrode conductor/Equipment grounding conductor			
4	THWN-2 XHHW-2 RHW-2			



PHOTOVOLTAIC SYSTEMS

COMPONENT RATINGS

PV MODULE RATINGS	
Module Name	
Module Model	
Open Circuit Voltage	
Short Circuit Current	
Maximum Power	
Maximum Voltage	
Thermal Coefficient ³	
INVERTER RATINGS	
Inverter Name	
Inverter Model	
Maximum DC Volt Rating	
Maximum Power at 40°	
Nominal AC Voltage	
Maximum AC Current	
Maximum OCPD	

³Use thermal coefficient as provided by manufacturer. If not provided, use 1.20. (690.7)



VILLAGE OF COAL VALLEY

Demolition Permit Application

1. AUTHORIZATION REQUIREMENTS.

Application is hereby made for Demolition of a structure(s). All sections must be completed and signed before the application can be submitted. No work may commence prior to permit approval.

Permit # _____

2. PROPERTY INFORMATION.

Address _____ PIN _____ - _____ - _____

Owner(s) Name(s) _____ Phone _____

Address _____

Contractor(s) Name(s) _____ Phone _____

Address _____

3. STRUCTURE(S) DESCRIPTION. _____

4. ELECTRICAL SERVICE.

Contact MidAmerican Energy Company to disconnect the service at (888) 427-5632. Once the service has been disconnected and ready for demolition, have the MEC representative sign and date this document. A printed copy of an email may also be acceptable. ☐ There is no power to the structure.

NAME: _____ SIGNATURE: _____ DATE: _____

5. GAS SERVICE.

Contact MidAmerican Energy Company to disconnect the service at (888) 427-5632. Once the service has been disconnected and ready for demolition, have the MEC representative sign and date this document. A printed copy of an email may also be acceptable. ☐ Property is served by Liquid Petroleum (LP) Gas.

NAME: _____ SIGNATURE: _____ DATE: _____

6. WATER SERVICE.

Contact Rock Island County Health Department to discuss requirements for sealing the well at (309) 558-2840. Once the well has been sealed and approved by the Health Department, have the Health Department representative sign and date this document. A printed copy of a permit may also be acceptable. ☐ Property is served by municipal water supply.

NAME: _____ SIGNATURE: _____ DATE: _____

7. SEWAGE SYSTEM.

Contact Rock Island County Health Department to discuss the requirements for abandoning a septic system at (309) 558-2840. Once the septic has been abandoned and approved by the Health Department, have the Health Department representative sign and date this document. A printed copy of a permit may also be acceptable. ☐ Property is served by municipal sewer system.

NAME: _____ SIGNATURE: _____ DATE: _____

8. FILL MATERIAL.

Only *Approved Fill Material* may be used to fill in depressions left by the demolition.

9. APPLICANT'S CERTIFICATE.

I hereby certify that all the statements in and attachments to this application are a true description of the existing property and the proposed development project. I agree to abide by all development requirements of Rock Island County, Illinois. Once issued, this permit gives Rock Island County and its designee permission to enter the property for all necessary inspections.

Applicant Name (print)

Applicant Signature

Date