RESIDENTIAL DESIGN REQUEST FORM	Date:
Customer Information	Contractor Information
Name:	Company:
Address:	Address:
City:	City:
State: Zip Code:	State: Zip Code:
Tel. No.:	Tel. No.:
	Lic. Type: Lic#:
Photovoltai	c Equipment
Module Manufacturer:	
Model No.:	Number of Module:
Inverter Manufacturer:	Number of Inverter:
Model No.:	Proposed System Size:
Optimizer (If Needed):	
Electrical Service Information	
Indicate M.S.P. Location:	
Existing M.S.P Manufacturer:	M.: Poul v O: v
Existing M.S.P Bus Rating:	Main Breaker Size:
(If Upgraded) MSP Manufacturer:	Main Breaker Size:
MSP Bus Rating:	
Existing: Sub Panel Size:	Feeder Size: Feeder Length:
AC Disconnect Required: Yes No Size:	
Performance Meter Required: Yes No Utility Company:	
Grounding Type: Co	nduit Run: Through Attic Space Above Roof

Interconnection Note:

Battery Information	
Battery Name:	
Battery Count:	
Battery Model:	
Battery Kwh:	
Full home backup Essential load Self consumption	
Roof & Racking Information	
Roof Type: Roof Pitch:	
Rafter Size: Rafter Spacing: Attachment Spacing:	
Attachment Type: Flush Mounted Tilt-Up Reverse Tilt Sealant Type:	
Racking Manufacturer: Rail Length:	
Attachment Manufacturer:	
Stand Off Height: Tilt-Up Degrees:	
Tile Hook Manufacturer: Tilt-Up Degrees:	
Notes:	
Additional Notes:	

Photos:

- 1. House front photos with house number
- 2. MSP with & without dead front,
- 3. Sub Panel with & without dead front (IF ANY)
- 4. Roof (Specifying Mounting Planes)
- 5. Expected equipment location placement wall photos with dimensions.
- 6. Gas Meter photos.
- 7. ADU, BARN, detached structure, pool, backyard photos (IF ANY)

Roof dimensions, hand sketch, or SUGGEST IF GOOGLE AERIAL DIMENSIONS TO BE TAKEN