

E10128

SUNRUN



Sunrun Inc. | 1.855.4SUNRUN | sunrun.com

July 13, 2016

Town of Southbridge
41 Elm Street
Southbridge, MA 01550

NOTICE OF CANCELLATION

To Whom It May Concern,

The purpose of this letter is to request the cancellation of building permit #B-274 and electrical permit #10128 for the photovoltaic solar project located at 12 Buckley Street. The homeowner, Todd Carlson, has decided not to move forward with the project.

If you have any questions or concerns, please feel free to contact me. Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Conor Smith".

Conor Smith
(978) 493-4131
conor.smith@sunrun.com



Commonwealth of Massachusetts

Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only

Permit No. E-10,128

Occupancy and Fee Checked 8/1/02

Rev. 1/07] (leave blank) CPA 22/038

1/5/16

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK

All work to be performed in accordance with the Massachusetts Electrical Code (MEC), 527 CMR 12.00

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION)

Date: 12/17/2015

City or Town of: Southbridge

To the Inspector of Wires:

By this application the undersigned gives notice of his or her intention to perform the electrical work described below.

Location (Street & Number) 12 Buckley St.

Owner or Tenant Todd Carlson Telephone No. 508-523-5701

Owner's Address 12 Buckley St. Southbridge, Ma. 01550

Is this permit in conjunction with a building permit? Yes No (Check Appropriate Box)

Purpose of Building Rooftop Solar Utility Authorization No. 180120 exp 10/14/16

Existing Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

New Service _____ Amps _____ / _____ Volts Overhead Undgrd No. of Meters _____

Number of Feeders and Ampacity _____

Location and Nature of Proposed Electrical Work: installation of an interconnected rooftop solar system
2.750 kw DC/ 10 solar panels

Completion of the following table may be waived by the Inspector of Wires.

No. of Recessed Luminaires	No. of Ceil.-Susp. (Paddle) Fans	No. of Transformers	Total KVA
No. of Luminaire Outlets	No. of Hot Tubs	Generators	KVA
No. of Luminaires	Swimming Pool Above grnd. <input type="checkbox"/> In-grnd. <input type="checkbox"/>	No. of Emergency Lighting Battery Units	
No. of Receptacle Outlets	No. of Oil Burners	FIRE ALARMS	No. of Zones
No. of Switches	No. of Gas Burners	No. of Detection and Initiating Devices	
No. of Ranges	No. of Air Cond. Total Tons	No. of Alerting Devices	
No. of Waste Disposers	Heat Pump Totals: Number Tons KW	No. of Self-Contained Detection/Alerting Devices	
No. of Dishwashers	Space/Area Heating KW	Local <input type="checkbox"/> Municipal Connection <input type="checkbox"/> Other <input type="checkbox"/>	
No. of Dryers	Heating Appliances KW	Security Systems:* No. of Devices or Equivalent	
No. of Water Heaters KW	No. of Signs No. of Ballasts	Data Wiring: No. of Devices or Equivalent	
No. Hydromassage Bathtubs	No. of Motors Total HP	Telecommunications Wiring: No. of Devices or Equivalent	
OTHER:			

Estimated Value of Electrical Work: \$4023.25 Attach additional detail if desired, or as required by the Inspector of Wires. (When required by municipal policy.)

Work to Start: 1/2/2016 Inspections to be requested in accordance with MEC Rule 10, and upon completion.

INSURANCE COVERAGE: Unless waived by the owner, no permit for the performance of electrical work may issue unless the licensee provides proof of liability insurance including "completed operation" coverage or its substantial equivalent. The undersigned certifies that such coverage is in force, and has exhibited proof of same to the permit issuing office.

CHECK ONE: INSURANCE BOND OTHER (Specify:)

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

FIRM NAME: Sunrun Installation Services Inc LIC. NO.: 180120 exp. 10/14/16

Licensee: Nathan Ashe Signature [Signature] LIC. NO.: 21136A exp. 7/31/16

(If applicable, enter "exempt" in the license number line.) Bus. Tel. No.: 978-594-3519

Address: 734 Forest st. #400 Marlborough, Ma. 01752 Alt. Tel. No.: 978-549-9438

*Per M.G.L. c. 147, s. 57-61, security work requires Department of Public Safety "S" License: Lic. No. _____

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement. I am the (check one) owner owner's agent.

Owner/Agent Signature _____ Telephone No. _____

PERMIT FEE: \$ 81.00

rec# 701454 1/5/16



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): Sunrun Installation Services, Inc.

Address: 775 Fiero Lane, Suite 200

City/State/Zip: San Luis Obispo, CA 93401 Phone #: 978-549-9438

Are you an employer? Check the appropriate box:

- 1. I am an employer with 35 employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
- 6. We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. Other Rooftop Solar

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: Zurich American Insurance Company

Policy # or Self-ins. Lic. #: WC013696001 & WC013696101 Expiration Date: 10/01/2016

Job Site Address: 12 Buckley St. City/State/Zip: Southbridge, Ma. 01550

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: _____

Phone #: 978-549-9438

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Electrical Inspector
- 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES 345 CALIFORNIA STREET, SUITE 1300 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94104 104960339-STND-GAX-15-16	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sunrun Installation Services, Inc. and REC Solar, Inc. 775 Fiero Lane, Suite 200 San Luis Obispo, CA 93401	INSURER A : James River Insurance Company	12203
	INSURER B : N/A	N/A
	INSURER C : Houston Casualty Company	42374
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** SEA-002988159-03 **REVISION NUMBER:** 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Host Liquor Liability			000641241	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TOTAL POLICY LIMIT \$ 10,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			H15XC5023203	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Permitting within jurisdiction. Wood, Pauline; 221R-432WOOD, 432 Charlton St., Southbridge, MA 01550.

CERTIFICATE HOLDER Town of Southbridge 41 Elm St. Southbridge, MA 01550	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE of Marsh Risk & Insurance Services Stefan Szulc

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF

ELECTRICIANS

ISSUES THE FOLLOWING LICENSE AS A
REGISTERED MASTER ELECTRICIAN

SUNRUN INSTALLATION SERVICES INC
NATHAN A ASHE
241 RIVER ST EXT

BILLERICA MA 01821-2344

21136A

07/31/16

445846

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

LICENSEE SIGNATURE



MASSACHUSETTS DRIVER'S LICENSE

USA MA

4a ISS 06-16-2015 9a END NONE 4d NUMBER S96911711

4b EXP 08-30-2019 3 DOB 08-30-1983

9 CLASS DM 12 REST NONE 15 SEX M 16 HGT 5-10

1 ASHE
2 NATHAN A
3 241 RIVER ST EXT
4 BILLERICA, MA 01821

5 DD 06-18-2015 Rev 07-15-2009




MA

www.mass.gov/rmv
MA 06-18-2015

08-30-1983
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.
M: Motorcycle

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.




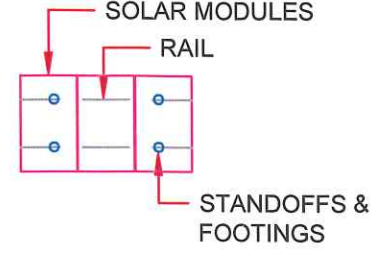




















SCOPE OF WORK

- **SYSTEM SIZE:** 2750W DC, 2400W AC
- **MODULES:** (10) REC SOLAR: REC 275TP
- **INVERTER(S):** (10) ENPHASE ENERGY: M250-60-2LL-S2X
- **RACKING:** SNAPNRACK SERIES 100 UL; FLASHED L FOOT. SEE PEN DO1.

GENERAL NOTES

- ALL WORK SHALL COMPLY WITH 2014 NEC, 2009 IBC, MUNICIPAL CODE, AND ALL MANUFACTURERS' LISTINGS AND INSTALLATION INSTRUCTIONS.
- PHOTOVOLTAIC SYSTEM WILL COMPLY WITH 2014 NEC.
- ELECTRICAL SYSTEM GROUNDING WILL COMPLY WITH 2014 NEC.
- PHOTOVOLTAIC SYSTEM IS UNGROUNDED. NO CONDUCTORS ARE SOLIDLY GROUNDED IN THE INVERTER. SYSTEM COMPLIES WITH 690.35.
- MODULES CONFORM TO AND ARE LISTED UNDER UL 1703.
- INVERTER CONFORMS TO AND IS LISTED UNDER UL 1741.
- RACKING CONFORMS TO AND IS LISTED UNDER UL 2703.
- CONSTRUCTION FOREMAN TO PLACE CONDUIT RUN PER 690.31(E) AND 2012 IFC 605.11.2.
- ARRAY DC CONDUCTORS ARE SIZED FOR DERATED CURRENT.
- 9.4 AMPS MODULE SHORT CIRCUIT CURRENT.
- 14.68 AMPS DERATED SHORT CIRCUIT CURRENT (690.8 (a) & 690.8 (b)).

LEGEND AND ABBREVIATIONS

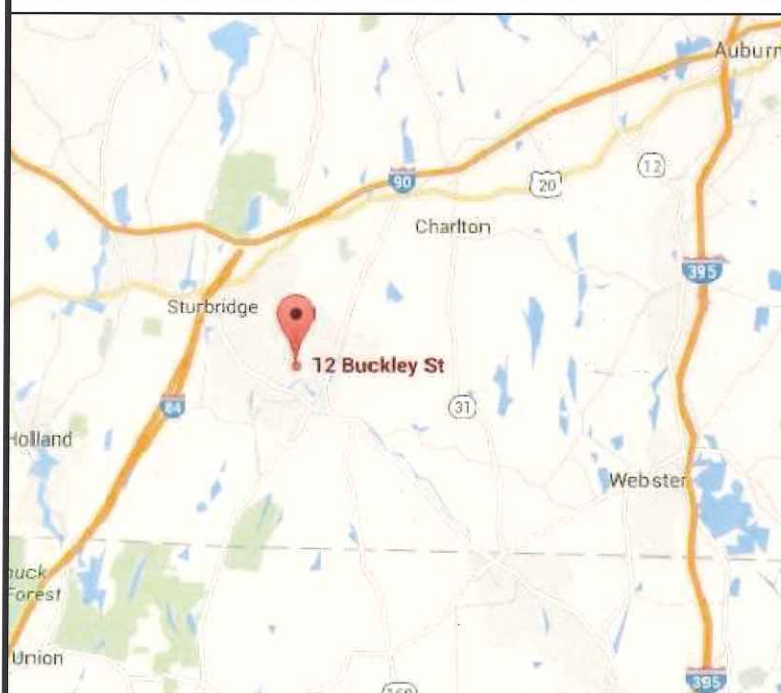
 SERVICE ENTRANCE	
 MAIN PANEL	
 SUB-PANEL	
 PV LOAD CENTER	 CHIMNEY
 SUNRUN METER	 ATTIC VENT
 DEDICATED PV METER	 FLUSH ATTIC VENT
 INVERTER(S) WITH INTEGRATED DC DISCONNECT AND AFCI	 PVC PIPE VENT
 AC DISCONNECT(S)	 METAL PIPE VENT
 DC DISCONNECT(S)	 T-VENT
 COMBINER BOX	 SATELLITE DISH
 INTERIOR EQUIPMENT SHOWN AS DASHED	 FIRE SETBACKS
	 HARDSCAPE
	 - PL - PROPERTY LINE

SCALE: NTS

TABLE OF CONTENTS

PAGE #	DESCRIPTION
PV-1.0	COVER SHEET
PV-2.0	SITE PLAN
PV-3.0	LAYOUT
PV-4.0	ELECTRICAL
PV-5.0	SIGNAGE

VICINITY MAP



A	AMPERE
AC	ALTERNATING CURRENT
AFCI	ARC FAULT CIRCUIT INTERRUPTER
AZIM	AZIMUTH
COMP	COMPOSITION
DC	DIRECT CURRENT
(E)	EXISTING
EXT	EXTERIOR
FRM	FRAMING
INT	INTERIOR
LBW	LOAD BEARING WALL
MAG	MAGNETIC
MSP	MAIN SERVICE PANEL
(N)	NEW
NTS	NOT TO SCALE
OC	ON CENTER
PRE-FAB	PRE-FABRICATED
PSF	POUNDS PER SQUARE FOOT
PV	PHOTOVOLTAIC
TL	TRANSFORMERLESS
TYP	TYPICAL
V	VOLTS
W	WATTS

REV	NAME	DATE	COMMENTS
A			

SUNRUN

LICENSE NO. 750184

734 FOREST STREET #400, MARLBOROUGH, MA 01752
PHONE 888.657.6527
FAX 805.528.9701

CUSTOMER RESIDENCE:
TODD CARLSON
12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052--00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

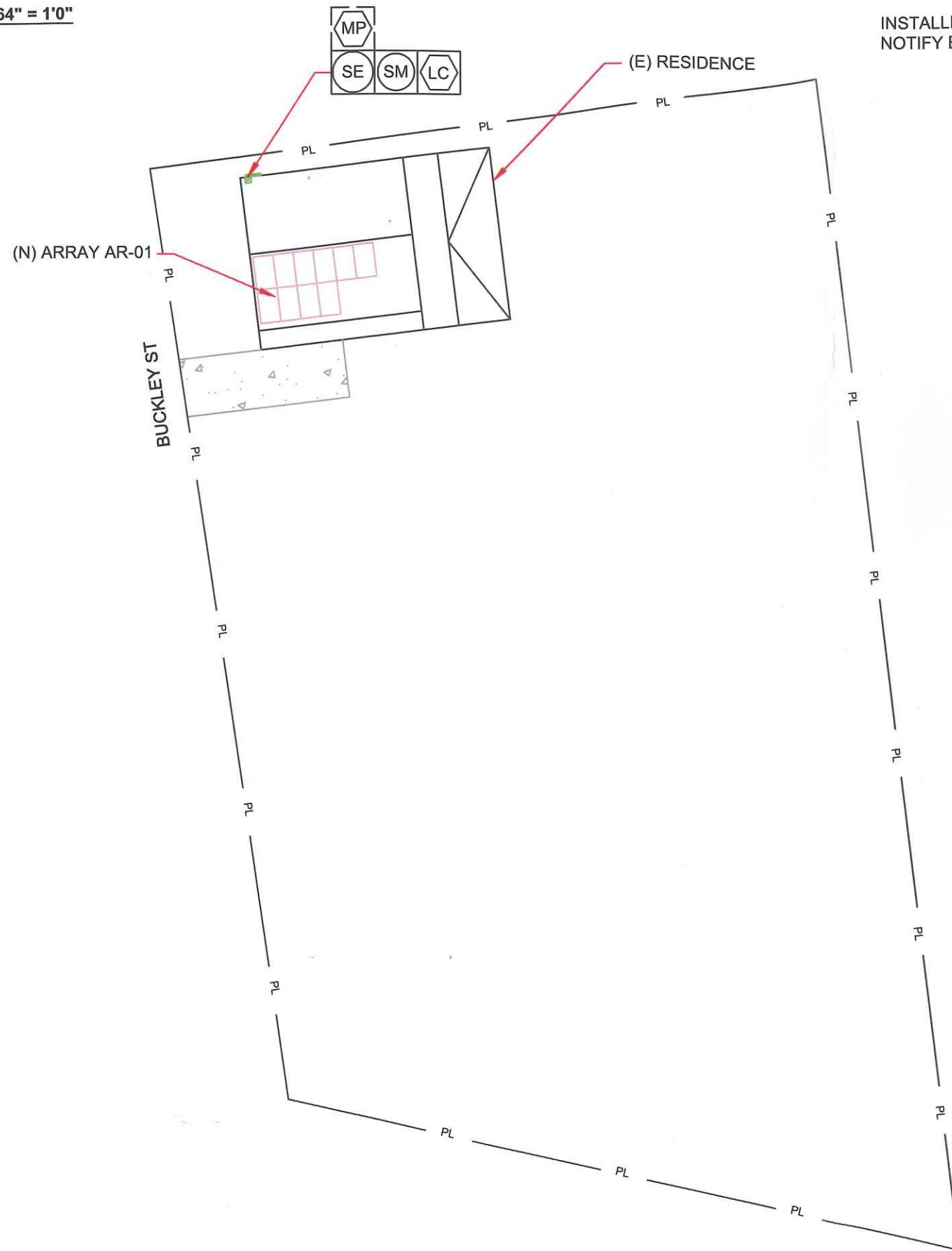
DRAFTER:
DI

SHEET
COVER SHEET

REV: A.2 12/2/2015

PAGE PV-1.0

SITE PLAN - SCALE = 3/64" = 1'0"



INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R OF ANY DISCREPANCIES BEFORE PROCEEDING.

	PITCH	TRUE AZIM	MAG AZIM	PV AREA (SQFT)
AR-01	34°	173°	159°	177.4



James A. Adams
Expir. 06/30/2016

Stamped for Structural info only.

SUNRUN

LICENSE NO. 750184

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PHONE 888.657.6527
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CUSTOMER RESIDENCE:
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12 BUCKLEY ST,
SOUTHBRIDGE, MA, 01550

TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
SITE PLAN

REV: A.2 12/2/2015

PAGE PV-2.0

	ROOF TYPE	ATTACHMENT	ROOF HEIGHT	ROOF EXPOSURE	FRAME MATERIAL	FRAME TYPE	FRAME SIZE	MAX FRAME SPAN	OC SPACING	ROOF EDGE ZONE	MAX RAIL SPAN	MAX RAIL OVERHANG
AR-01	COMP SHINGLE	FLASHED L FOOT. SEE PEN D01.	TWO STORY	ATTIC	WOOD	RAFTER	2x6.75	12' - 7"	24"	NO	4' - 0"	1' - 10"

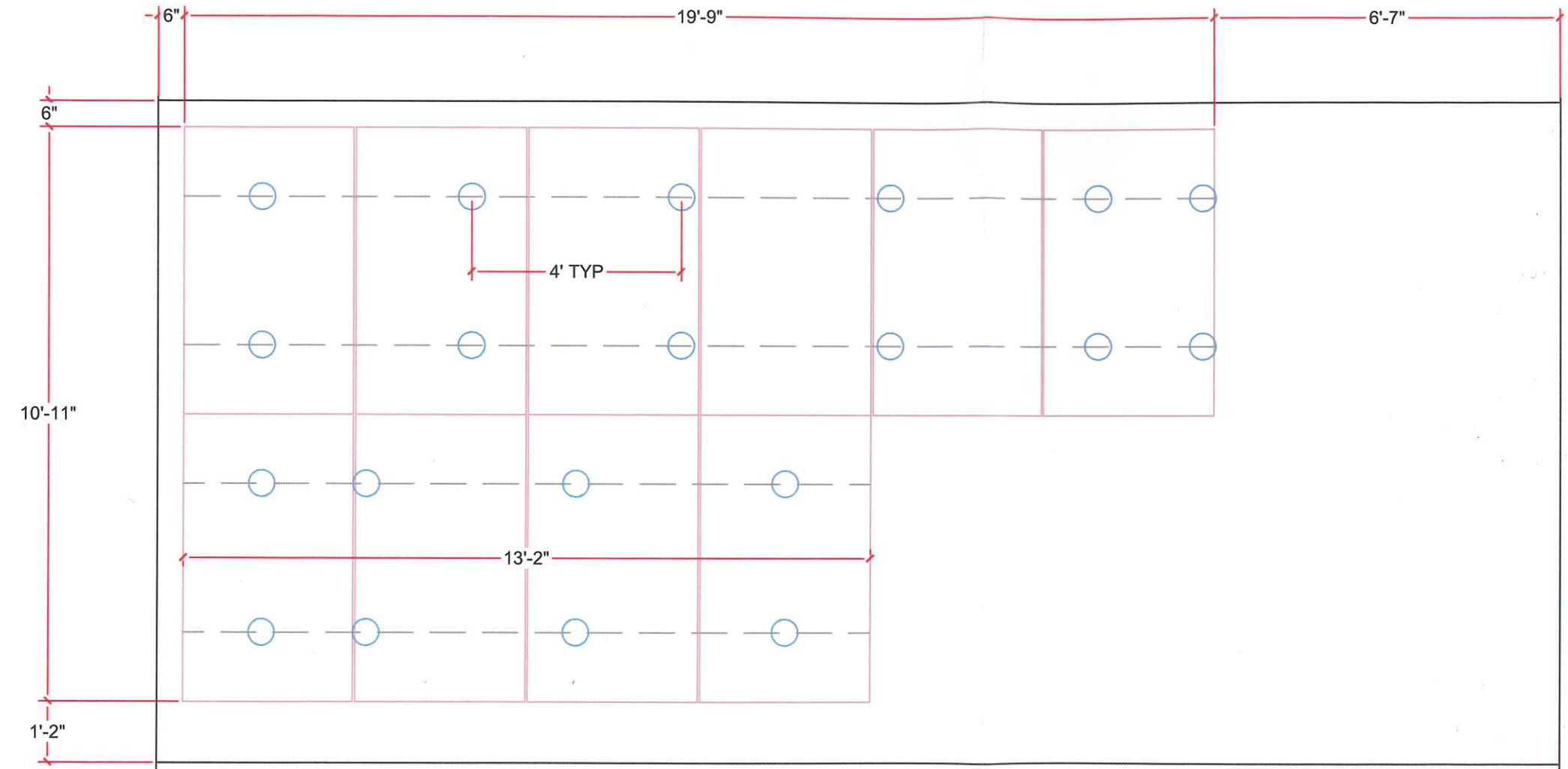
DESIGN CRITERIA

MODULES:
 REC SOLAR: REC275TP
MODULE DIMS:
 65.5" x 39" x 1.5"
MAX DISTRIBUTED LOAD: 3 PSF
SNOW LOAD: 40 PSF
WIND SPEED:
 90 MPH 3-SEC GUST.
LAG SCREWS:
 5/16"x4.0": 2.5" MIN EMBEDMENT

D1 - AR-01 - SCALE: 3/8" = 1'
PITCH: 34°
AZIM: 173°

INSTALLERS TO VERIFY RAFTER SIZE, SPACING, UNSUPPORTED SPANS AND NOTIFY E.O.R. OF ANY DISCREPANCIES BEFORE PROCEEDING.

PENETRATION SPACING:
 STAGGERED



LICENSE NO. 750184
 734 FOREST STREET #400, MARLBOROUGH, MA 01752
 PHONE 888.657.6527
 FAX 805.528.9701

CUSTOMER RESIDENCE:
 TODD CARLSON
 12 BUCKLEY ST,
 SOUTHBRIDGE, MA, 01550
 TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
 221R-012CARL

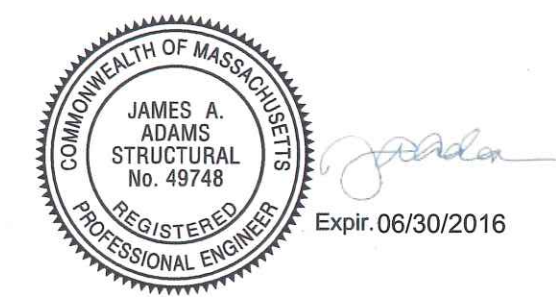
DESIGNER:
 LASZLO KURTA

DRAFTER:
 DI

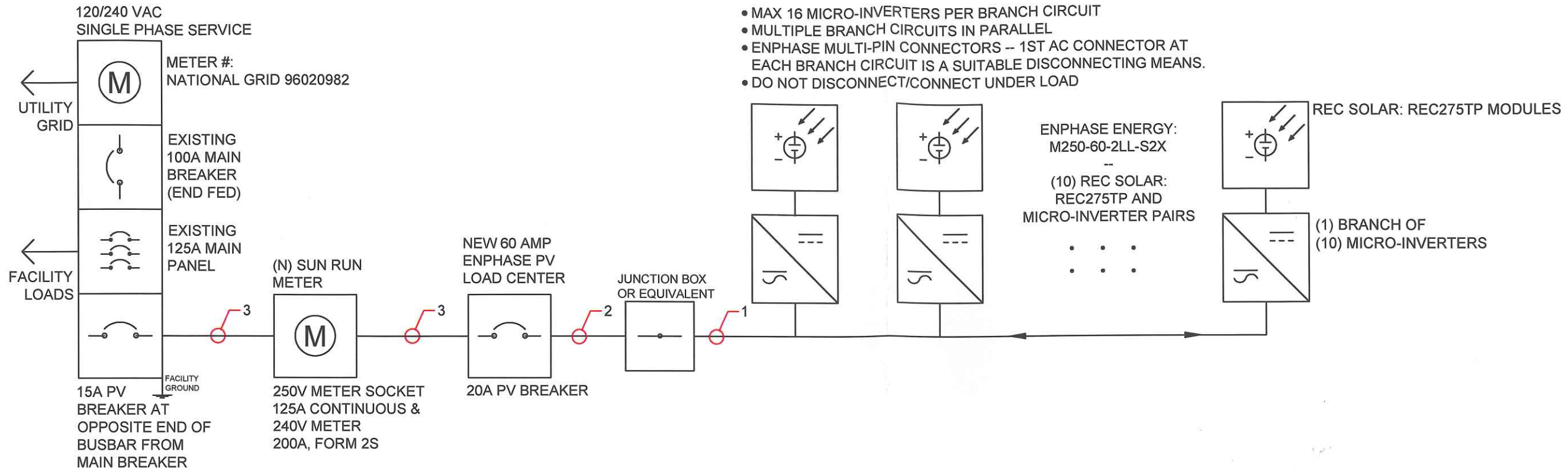
SHEET
 LAYOUT

REV: A.2 12/2/2015

PAGE
 PV-3.0



Stamped for Structural info only.



CONDUIT SCHEDULE

#	CONDUIT	CONDUCTOR	NEUTRAL	GROUND
1	NONE	(2) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE	(1) 12 AWG ENGAGE CABLE
2	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2
3	3/4" EMT OR EQUIV.	(2) 10 AWG THHN/THWN-2	(1) 10 AWG THHN/THWN-2	(1) 8 AWG THHN/THWN-2

MODULE CHARACTERISTICS	
REC SOLAR: REC275TP	275 W
OPEN CIRCUIT VOLTAGE	38.8 V
MAX POWER VOLTAGE	31.4 V
SHORT CIRCUIT CURRENT	9.4 A

NOTES TO INSTALLER:

1. ADD 60 AMP NEW ENPHASE PV LOAD CENTER WITH PRE-INSTALLED 20 AMP BREAKER.
2. ADD 15 AMP PV BREAKER TO MAIN PANEL.

SUNRUN

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TEL. (508) 523-5701 APN #: 020-052- -00001

PROJECT NUMBER:
221R-012CARL

DESIGNER:
LASZLO KURTA

DRAFTER:
DI

SHEET
ELECTRICAL

REV: A.2 12/2/2015

PAGE
PV-4.0

WARNING: PHOTOVOLTAIC POWER SOURCE

LABEL LOCATION:
(C)(CB)
PER CODE: NEC690.13.G.3 & NEC 690.13.G.4

PHOTOVOLTAIC SYSTEM EQUIPPED WITH RAPID SHUTDOWN

PER CODE: NEC690.56(C)

DC PHOTOVOLTAIC DISCONNECT

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.13.B

AC PHOTOVOLTAIC DISCONNECT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

PHOTOVOLTAIC AC DISCONNECT
MAXIMUM AC OPERATING CURRENT A
MAXIMUM AC OPERATING VOLTAGE V

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.54

RATED MAXIMUM POWER-POINT CURRENT (Imp) A
RATED MAXIMUM POWER-POINT VOLTAGE (Vmp) V
MAXIMUM SYSTEM VOLTAGE (VOC) V
MAXIMUM CIRCUIT CURRENT (Isc) A

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC690.53

MAIN PHOTOVOLTAIC SYSTEM AC DISCONNECT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.13.B

WARNING: PHOTOVOLTAIC POWER SOURCE
DO NOT REMOVE UNLESS REPLACED IN EXACT LOCATION-PHOTOVOLTAIC POWER SOURCE DIRECTLY BELOW

LABEL LOCATION:
(UNDER ROOFING MATERIAL)
PER CODE: NEC690.13.G.1

SOLAR DISCONNECT

LABEL LOCATION:
ON POWERONE INVERTER
PER CODE: NEC 690.15 AND NEC 690.13(B)

CAUTION: SOLAR ELECTRIC SYSTEM CONNECTED

DO NOT OPEN UNDER LOAD

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC690.16.B

DO NOT DISCONNECT UNDER LOAD

LABEL LOCATION:
(AC)
PER CODE: NEC690.33.E.2

CAUTION PHOTOVOLTAIC SYSTEM CIRCUIT IS BACKFED

LABEL LOCATION:
(INDIVIDUAL BREAKERS)
PER CODE: NEC705.12.D.3.4

PHOTOVOLTAIC DC DISCONNECT

LABEL LOCATION:
(DC) (INV)
PER CODE: IFC.60.11.3 IFC 605.11.1.4
NEC 690.15, NEC 690.13(B) & NEC 690.14C.2.

PHOTOVOLTAIC AC DISCONNECT

LABEL LOCATION:
(AC) PER CODE: 690.13.B

WARNING
THIS EQUIPMENT FED BY MULTIPLE SOURCE TOTAL RATING OF OVER CURRENT DEVICES, EXCLUDING MAIN SUPPLY OVERCURRENT DEVICE SHALL NOT EXCEED AMPACITY OF BUSBAR

PER CODE: 705.12(D)(2)

WARNING
ELECTRIC SHOCK HAZARD
THE DC CONDUCTORS OF THIS PHOTOVOLTAIC SYSTEM ARE UNGROUNDED AND MAY BE ENERGIZED

LABEL LOCATION:
(DC) (INV)
PER CODE: NEC 690.35(F) TO BE USED WHEN INVERTER IS UNGROUNDED

WARNING
TURN OFF PHOTOVOLTAIC AC DISCONNECT PRIOR TO WORKING INSIDE PANEL

LABEL LOCATION:
(D) (AC) (CB)
PER CODE: NEC110.27(C)

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS TERMINALS ON BOTH LINE AND LOAD SIDES MAY BE ENERGIZED IN THE OPEN POSITION
DC VOLTAGE IS ALWAYS PRESENT WHEN SOLAR MODULES ARE EXPOSED TO SUNLIGHT

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

WARNING
INVERTER OUTPUT CONNECTION
DO NOT RELOCATE THIS OVERCURRENT DEVICE

LABEL LOCATION:
(POI)
PER CODE: NEC 705.12.D.2

WARNING
ELECTRIC SHOCK HAZARD
DO NOT TOUCH TERMINALS TERMINALS ON BOTH LINE AND LOAD SIDES MAY BE ENERGIZED IN THE OPEN POSITION

LABEL LOCATION:
(AC) (POI)
PER CODE: NEC 690.17.E

- LEGEND**
(AC): AC Disconnect
(C): Conduit
(CB) Combiner Box
(D) Distribution Panel
(DC): DC Disconnect
(IC): Interior Run Conduit
(INV): Inverter with integrated DC disconnect
(LC): Load Center
(M): Utility Meter
(POI): Point of interconnection

SUNRUN
LICENSE NO. 750184
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CUSTOMER RESIDENCE:
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PROJECT NUMBER:
221R-012CARL
DESIGNER:
LASZLO KURTA
DRAFTER:
DI
SHEET
SIGNAGE
REV: A.2 12/2/2015
PAGE PV-5.0