SUPERVISOR
716-778-8531

TOWN CLERK
716-778-8822
FAX 716-638-4183

ASSESSOR
716-778-8827

TAX COLLECTOR
716-778-6052

BUILDING INSPECTOR
716-778-5947

WATER/SEWER
716-778-8132

TOWN OF NEWFANE
2737 Main Street
Newfane, New York 14108
FAX 716-638-4261

JUSTICE COURT
2896 Transit Road
Newfane, New York
14108
716-778-9292

HIGHWAY
716-778-8844

WATER/SEWER
MAINTENANCE
716-778-8587

6176 McKee Street
Newfane, New York
14108

TDD 1-800-662-1220

Town of Newfane Building Department

SOLAR ENERGY SYSTEM TIER 2

PERMIT APPLICATION

FEE SCHEDULE: Tier-2 $200.00 up to1000sqft: then $0.20 a sqft

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1. PROPERTY INFORMATION

Tax Map/Parcel No.: _____ **Zoning District:** _____

Property Address:

_____

Property Owner:

_____

Mailing Address:

_____

Telephone: _____

Email: _____

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2. APPLICANT INFORMATION

Applicant Name:

Applicant Address:

Telephone: _____

Email: _____

Relationship to Property Owner:
☐ Owner
☐ Contractor
☐ Authorized Agent
☐ Other: _____

If the applicant is not the property owner, written authorization from the property owner shall be provided.

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3. SOLAR ENERGY SYSTEM INFORMATION

Type of System

☐ Tier 2 – Ground-Mounted Accessory System / Up to 1,000sqft

☐ Tier 2 – Ground-Mounted Accessory System / Over 1,000sqft (Will require Planning)

Proposed system location:

☐ Ground-mounted
☐ Other: _____

Purpose of system:

☐ On-site energy use
☐ Agricultural use
☐ Commercial use
☐ Other: _____

Proposed system size: _____MW/ kW DC

Estimated annual electrical production: _____ kWh

Existing electrical service: _____ amps

Proposed electrical service: _____ amps

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4. SOLAR PANEL INFORMATION

Manufacturer: _____

Panel Model: _____

Number of Panels: _____

Panel Dimensions: _____

Total Panel Area: _____ sq. ft.

Panel Type: _____

Anti-Reflective Coating/Material:
☐ Yes
☐ No

Documentation of anti-reflective materials shall be submitted where required by the Town's Solar Energy Local Law.

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5. GROUND-MOUNTED SYSTEM INFORMATION

Minimum lot size: _____ sq. ft./acres

Total solar panel coverage: _____ sq. ft.

Maximum system height: _____ feet

Distance from road right-of-way: _____ feet

Distance from side property line: _____ feet

Distance from rear property line: _____ feet

Distance from neighboring zoning district: _____ feet

Distance from nearest dwelling on adjoining property: _____ feet

Distance from nearest dwelling on participating property: ___ feet

Ground-mounted system located in front yard:
☐ Yes
☐ No

Proposed screening:
☐ Landscaping
☐ Existing vegetation
☐ Fence
☐ Other: _____

---

6. ELECTRICAL INFORMATION

Utility Company: _____

Electrical Contractor: _____

Electrical Contractor Address:

Telephone: _____

Electrical License/Certification No.: _____

Inverter Manufacturer: _____

Inverter Model: _____

Number of Inverters: _____

---

7. EMERGENCY SHUTDOWN INFORMATION

Location of solar electrical panel:

Location of disconnect switch(es):

Method of system shutdown:

Emergency shutdown diagram attached:

☐ Yes

☐ No

A written statement describing the shutdown method shall be provided where required and shall be posted inside the main electrical panel so that it is readily accessible to firefighting personnel.

8. SITE PLAN (FOR LARGER TIER 2)

A site plan (for PB review) shall be submitted with the application showing, as applicable:

☐ Property boundaries
☐ Existing buildings and structures
☐ Proposed solar panels
☐ Solar equipment
☐ Electrical equipment
☐ Roads and rights-of-way
☐ Property setbacks
☐ Existing utilities
☐ Proposed electrical service
☐ Existing vegetation
☐ Proposed screening
☐ Fencing
☐ Driveways/access
☐ Drainage features
☐ Adjacent structures

☐ North arrow
☐ Scale

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9. REQUIRED DOCUMENTS

The applicant shall submit the documents applicable to the proposed system.

☐ Completed Solar Energy System Permit Application

☐ Property owner's authorization, if applicable

☐ Site plan

☐ Solar panel specification sheets

☐ Inverter specification sheets

☐ Mounting system specifications

☐ Electrical plans

☐ One-line or three-line electrical diagram, where applicable

☐ Roof structural report for rooftop systems

☐ Evidence of anti-reflective panel materials/coating

☐ Emergency shutdown information

☐ Manufacturer installation instructions

☐ Building plans/details

☐ Electrical plans/details

☐ Battery/storage documentation, if applicable

☐ Screening/landscaping plan, if applicable

☐ Drainage/stormwater information, if applicable

☐ Planning Board approvals, if required (larger than 1000 SF)

☐ Site plan approval, if required (larger than 1000 SF)

☐ SEQR documentation, if required

☐ Other documentation requested by the Building Inspector or Planning Board

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10. PLANNING BOARD REVIEW

For Building Department Use Only

Does the proposed system require Planning Board review?

☐ No

☐ Yes

☐ To be determined

Reason for referral:

Site Plan Review Required:
☐ Yes
☐ No

SEQRA Review Required:
☐ Yes
☐ No

Planning Board Action:
☐ Approved
☐ Approved with Conditions
☐ Denied
☐ Pending

Date: _____

---

11. BUILDING DEPARTMENT REVIEW

Zoning compliance:
☐ Approved
☐ Denied
☐ Pending

Building code compliance:
☐ Approved
☐ Denied
☐ Pending

Electrical code compliance:
☐ Approved
☐ Denied
☐ Pending

Site plan requirements satisfied:
☐ Yes
☐ No
☐ N/A

Required documents received:
☐ Yes
☐ No

Additional conditions/comments:

_____
_____
_____
_____

12. INSPECTIONS

The applicant is responsible for requesting required inspections in accordance with the Town of Newfane Building Department's procedures.

Required inspections may include:

☐ Periodic site inspections

☐ Fire Department review inspection

☐ Footing/foundation inspection

☐ Structural/mounting inspection

☐ Electrical inspection by 3rd party

☐ Final inspection

☐ Other: _____

Inspection Notes:

_____

_____

13. APPLICANT CERTIFICATION

I hereby certify that the information contained in this application and all supporting documents is true and correct to the best of my knowledge.

I understand that approval of this application does not authorize construction that does not comply with the New York State Uniform Code, Energy Code, Town of Newfane Code, zoning requirements, or other applicable laws and regulations.

I understand that additional information or documentation may be required by the Town of Newfane Building Inspector, Planning Board, Town Engineer, Town Attorney, or another authorized Town official.

I understand that work shall not commence until all required permits and approvals have been obtained.

Property Owner Name:

_____

Signature: _____

Date: _____

Applicant Name:

_____

Signature: _____

Date: _____

_____

14. PERMIT APPROVAL

Building Permit No.: _____

Permit Fee: $_____

Date Issued: _____

Permit Expiration Date: _____

☐ Approved

☐ Approved with Conditions

☐ Denied

Conditions of Approval:

_____

_____

_____

Building Inspector / Code Enforcement Officer:

Name: _____

Signature: _____

Date: _____

_____

TOWN OF NEWFANE – OFFICE USE ONLY

Tier:
☐ Tier 1
☐ Tier 2
☐ Tier 3
☐ Tier 4

Building Permit Required:
☐ Yes
☐ No

Planning Board Referral:

☐ Yes

☐ No

Site Plan Review:

☐ Yes

☐ No

SEQRA:

☐ Yes

☐ No

Final Inspection Completed:

☐ Yes

☐ No

Certificate of Compliance/Occupancy Issued:

☐ Yes

☐ No

Comments:

_____

_____