



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES
DIVISION OF PERMITS
STX DISTRICT TEL: (340) 773-1082 STT DISTRICT TEL: (340) 774-3320**

INSPECTION REQUEST FORM-RENEWABLES

Date: _____ REQUESTED BY: _____ PHONE: _____

(Please Print Clearly)

NAME OF OWNER: _____

LOCATION OF BUILDING: _____

ELECTRICAL PERMIT NO.: _____ ELECTRICIAN: _____

PROJECT # _____

1. Size of System DC: _____

2. Number of Panels: _____

3. Battery Storage: Yes ☐ No ☐

4. Roof Mount ☐ Ground Mount ☐

5. Is the equipment associated with the installation meet Flood Elevation? If applicable. _____

6. Installation installed per NEC 690-705-706: Yes ☐ No ☐

LICENSED ELECTRICIAN
SEAL & SIGNATURE

DEPARTMENTAL USE ONLY

Remarks:

ELECTRICAL
<input type="checkbox"/> Pass
<input type="checkbox"/> Fail
<input type="checkbox"/> Discrepancies
Inspected By: _____
Date: _____