



## Solar Photovoltaic Plan Review Requirements

City of Myrtle Beach, Construction Services

921 N Oak St, Myrtle Beach 29577 (843) 918-1111

[www.cityofmyrtlebeach.com](http://www.cityofmyrtlebeach.com)

### The following are minimum requirements for plan review:

- Completed building permit application and electrical permit application.
- Interconnection request application approved by utility company.
- Site plan for ground mounted PV system, if applicable.
- Engineer's structural analysis of existing roof structure verifying it is adequate to support the attachment of solar arrays.
- CAB approval for all ocean front single-family, multi-family and all commercial projects.
- HOA approval letter if installing in a HOA community.

### Construction Documents:

Drawings sealed by a SC licensed professional engineer, in accordance with the 2021 International Fire Code (IFC), 2021 International Residential Code (IRC) for one and two family dwellings, 2021 International Building Code (IBC) for all other projects and the 2020 NFPA 70 (NEC).

- Must be site specific.
- Make, model and quantity of module, inverter, and racking system certified to the UL 2703, UL 62109 and UL 1741 standard by a Nationally Recognized Testing Laboratory as appropriate.
- Method of sealing/flashing for roof penetrations.
- Connection details to building.
- Roof plan showing location of equipment and if required, fire setbacks.

### Electrical Plans:

In addition to the construction documents, include a three-line diagram, or a line diagram that meets the requirements of the NEC. A proper line diagram should include:

- AC and/or DC circuit arc fault protection as required by the NEC or ordinance (if any).
- Inverter listed to the UL 62109 or UL 1741 Safety Standard; photovoltaic module(s) listed to the UL 1703 safety standard. Listings conducted by a Nationally Recognized Testing Laboratory.
- Inverter AC output disconnect location, utility disconnect location and AC output over current protection device rating.
- Location of combiner box(es), disconnect switch, size of source circuit overcurrent protection, if required.
- Service panel bus rating and main circuit breaker/fuse ampere rating.
- Circuit diagram with conduit, wire type and sizes, and/or cable type and wire sizes.
- Equipment grounding and bonding conductors and grounding electrode conductor, if applicable.
- Battery disconnect and overcurrent protection, if applicable.
- List of all appropriate labels and marking per NEC and IFC requirements.

**NOTE:** *A signed and notarized letter stating that all work has been installed per the engineered drawings and manufacturer's installation instructions will be required at the final inspection.*

# CITY OF MYRTLE BEACH BUILDING PERMIT APPLICATION

|  |            |   |                     |   |                    |   |                              |                |
|--|------------|---|---------------------|---|--------------------|---|------------------------------|----------------|
| Job Site/<br>Physical Address  |            |   | Building<br>Use     | Commercial<br>Residential                                     | Zoning<br>District | Flood<br>Zone                             |                              |                |
| Lot#   | Block      | Section/<br>Subdivision                                   |                     | TMS/<br>PIN   |                    |   |                              |                |
| Owner of Property (Land Records)   |            | Land Records Mailing Address:<br>Utility Billing Address: |                     |   |                    | Phone                                     |                              |                |
| Lessee/Business Name   |            | Mailing Address   |                     |   |                    | Phone                                     |                              |                |
| Contractor   |            | Mailing Address   |                     |   |                    | Phone                                     |                              |                |
|  |            |   |                     |   |                    | City License #                            |                              |                |
|  |            |   |                     |   |                    | State License #                           |                              |                |
| Architect/Engineer   |            | Mailing Address   |                     |   |                    | Phone                                     |                              |                |
|  |            |   |                     |   |                    | City License #                            |                              |                |
|  |            |   |                     |   |                    | State License #                           |                              |                |
| Project Contact<br>Name  |            |   |                     | Email<br>Address  |                    |   |                              |                |
| Scope of Work  | New        | Addition  | Remove/Demo         | Int Repair  | Ext Repair         | Int Alteration                            | Ext Alteration               |                |
| Description of Work  |            |   |                     |   |                    |   |                              |                |
|  |            |   |                     |   |                    |   |                              |                |
| CODE<br>YEAR _____   | IBC<br>IRC | Tap Ticket(s)   | Sprinkled<br>Yes No | Sprinkler Revisions Required<br>Fire Alarm Revisions Required |                    | Type<br>Construction                      | Occupancy<br>Group           |                |
| Total<br>Valuation   |            | Plan Review<br>Fee  |                     | Permit<br>Fee   |                    | Permit #                                  |                              |                |
| Date<br>Received   |            | CAB Approval<br>Date                                      |                     | BZA Approval<br>Date  |                    | Property Maintenance/<br>Stop Work Yes No |                              | Date<br>Issued |
| # Baths  | # Bedrooms | # Dwellings   | # Blgs              | Total<br>Sq Ft  | Heated<br>Sq Ft    | Garage/<br>Storage Sq Ft                  | CoveredPorch/<br>Patio Sq Ft |                |
| <p>Pursuant to SC Code 15-3-640, No actions to recover damages based upon or arising out of the defective or unsafe condition of an improvement to real property may be brought more than eight years after substantial completion of the improvement. Per City Ordinance, permits to do electrical, mechanical, gas or plumbing construction shall be issued only to a state licensed mechanical contractor or a certified master tradesman possessing a current business license and City trade card. This permit becomes null and void if work or construction which it authorized is not commenced within 6 months of its issuance, or if work or construction is suspended or abandoned for a period of 6 consecutive months at any time after it is commenced. This permit does not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Zoning Ordinance of the City of Myrtle Beach.</p> <p>Sec 1702.A.1. <i>Minimum finished floor elevation (FFE)</i>. All structures, not located in a special flood hazard area, shall have the lowest floor and all mechanical or electrical equipment, such as compressors, air conditioning units, etc., elevated no less than 18 inches above the highest crown of any abutting street or, at the owners' option, twenty-four inches above the average grade of the lot. Final site grading shall insure that ponding of storm water will not occur beneath the building not nearer than three feet from the building's perimeter or any mechanical or electrical equipment. All existing structures, not in a special flood hazard area, will be permitted to expand at the existing FFE.</p> <p>If finished floor elevation not known, please initial the preceding statement: _____</p> <p><i>I hereby certify that I have read and examined, or have had read to me, this application and understand this application to be true and correct. Compliance with all provisions of laws and ordinances governing this type of work shall be assured whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provision of any federal, state or local laws regulating construction, or the performance of construction.</i></p> |            |   |                     |   |                    |   |                              |                |
| Signature of Owner or Authorized Agent (Contractor)  |            |   |                     | Printed Name  |                    | Phone                                     | Fax                          |                |
| Company  |            |   |                     | Email Address   |                    |   |                              |                |

### Project Approvals

| Department       | Required | Staff |
|------------------|----------|-------|
| Zoning           |          |       |
| Flood            |          |       |
| Building         |          |       |
| Electrical       |          |       |
| Plumbing         |          |       |
| Landscaping      |          |       |
| Engineering      |          |       |
| Planning         |          |       |
| Fire             |          |       |
| Addressing       |          |       |
| Business License |          |       |

### Required Permits

| Permits          | Permit Number |
|------------------|---------------|
| Building         |               |
| Electrical       |               |
| Mechanical       |               |
| Plumbing         |               |
| Gas              |               |
| Fire Alarm       |               |
| Sprinkler        |               |
| Supp System Hood |               |
| NFUS US DW       |               |
| Pool             |               |
| Fence            |               |

### Office Notes



# CITY OF MYRTLE BEACH TRADE PERMIT APPLICATIONS

| PLUMBING PERMIT APPLICATION |                              |     |
|-----------------------------|------------------------------|-----|
| NO                          | TYPE OF FIXTURE OR ITEM      | FEE |
|                             | WATER CLOSETS (TOILETS)      |     |
|                             | BATHTUB                      |     |
|                             | LAVATORY (WASH BASIN)        |     |
|                             | SHOWER                       |     |
|                             | KITCHEN SINK AND DISPOSAL    |     |
|                             | DISHWASHER                   |     |
|                             | LAUNDRY TRAY                 |     |
|                             | CLOTHES WASHER               |     |
|                             | WATER HEATER                 |     |
|                             | URINAL                       |     |
|                             | DRINKING FOUNTAIN            |     |
|                             | FLOOR DRAIN                  |     |
|                             | UTILITY SINKS                |     |
|                             | ICE MACHINES                 |     |
|                             | GREASE INTERCEPTORS/OR TRAPS |     |
|                             | VACUUM BREAKERS/HOSE BIBS    |     |
|                             | SEWER                        |     |
|                             | PERMIT FEE                   |     |
|                             | TOTAL FEE                    |     |

CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT AND PHONE: \_\_\_\_\_  
 TOTAL JOB VALUE: \_\_\_\_\_  
 CITY LIC. NO. \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_  
 PERMIT NO.: P \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (Please Print Name)*

| GAS PERMIT APPLICATION |                           |     |
|------------------------|---------------------------|-----|
| NO                     | TYPE OF FIXTURE OR ITEM   | FEE |
|                        | GAS HOOKUPS PER APPLIANCE |     |
|                        | PERMIT FEE                |     |
|                        | TOTAL FEE                 |     |

CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT AND PHONE: \_\_\_\_\_  
 TOTAL JOB VALUE: \_\_\_\_\_  
 CITY LIC. NO. \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_  
 PERMIT NO.: G \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (Please Print Name)*

| ELECTRICAL PERMIT APPLICATION |                                    |     |
|-------------------------------|------------------------------------|-----|
| NO                            | TYPE OF FIXTURE OR ITEM            | FEE |
|                               | RECEPTACLES                        |     |
|                               | SWITCHES                           |     |
|                               | LIGHTS                             |     |
|                               | RANGES AND OVENS                   |     |
|                               | DRYER (CLOTHES)                    |     |
|                               | WATER HEATER                       |     |
|                               | AIR CONDITIONER(S)                 |     |
|                               | HEAT                               |     |
|                               | SUB PANEL                          |     |
|                               | TEMPORARY SERVICE                  |     |
|                               | COMMERCIAL OR RESIDENTIAL METER(S) |     |
|                               | PERMIT FEE                         |     |
|                               | TOTAL FEE                          |     |

CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT AND PHONE: \_\_\_\_\_  
 TOTAL JOB VALUE: \_\_\_\_\_  
 CITY LIC. NO. \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_  
 PERMIT NO.: E \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (Please Print Name)*

| MECHANICAL PERMIT APPLICATION |   |     |
|-------------------------------|---|-----|
| NO                            | TYPE OF ITEM                                    | FEE |
|                               | CENTRAL AC UNIT/HEAT PUMP                       |     |
|                               | DUCTWORK  |     |
|                               | HOOD INSTALL (BF PERMIT FOR SUPPRESSION SYSTEM) |     |
|                               | TOTAL FEE                                       |     |

CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT AND PHONE: \_\_\_\_\_  
 TOTAL JOB VALUE: \_\_\_\_\_  
 CITY LIC. NO. \_\_\_\_\_ STATE LIC. NO. \_\_\_\_\_  
 PERMIT NO.: M \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant (Please Print Name)*

JOB SITE: \_\_\_\_\_  
 JOB SITE ADDRESS: \_\_\_\_\_  
 TMS/PIN: \_\_\_\_\_  
 MASTER PERMIT #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Please check one:**     No Subs     Subs (attach list)     May Use Subs (attach list)

*Construction Services, 921 N Oak St, Myrtle Beach, SC 29577 Ph: 843-918-1111  
 Remit to: [permittech@cityofmyrtlebeach.com](mailto:permittech@cityofmyrtlebeach.com) or fax 843-918-1158*