



Office of the State Fire Marshal
1700 MacCorkle Avenue SE – 4th Floor North
Plans and Review Division
Charleston, WV 25314
304-558-2191

Application for Review of Commercial Photovoltaic Systems

REQUIREMENTS FOR ARCHITECTURAL REVIEW OF COMMERCIAL PHOTOVOLTAIC (PV) SYSTEMS

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- If there is currently no address appointed to this project, GPS coordinates shall be provided.
- PV System Plans shall be submitted via **hard copy AND USB flash drive only.**
- A complete set of plans shall be drawn to scale and include:
 - Site Plans
 - PV System Layout
 - Fire Pathway Layout
 - Electrical Plans
 - PV System Labels
 - Specification Book, if applicable

All plans being submitted to our agency for review **MUST** be accompanied by the appropriate request application. All applications can be found on our website by type of review. If this form is **NOT** received within thirty (30) days of receipt of plans, the plans submission may be discarded. If the request application is not completed, it will be returned for resubmission.

Review Fee includes **ALL** Construction Inspections and will be billed after review and processing.

If you have any further questions, please contact our office at 304-558-2191.

Please submit your completed Plans Review Application and Plans to:

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New Application Resubmittal Revision Prior Walk-In Review

PROJECT INFORMATION

Project Name					
Street Address					
City		State		Zip	
County					

SCOPE OF WORK

New Installation Modifications

Occupancy Type as Defined by NFPA 101, Life Safety Code:	Total Number of PV Modules:	Maximum kW DC:
Building Construction Type:	Module Manufacturer	System Voltage:
Estimated Construction Cost: \$		
Description of Project:		
Estimated Starting Date:		

INVERTER & ENERGY STORAGE SYSTEM INFORMATION

Inverter Manufacturer:	Energy Storage System (ESS) Manufacturer:
Inverter Model Number:	ESS Model Number:
Inverter Size:	Total ESS kWh System Capacity:
Number of Inverters:	ESS System Location:



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PROJECT/PROPERTY OWNER CONTACT INFORMATION

Project/Property Owner Name					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

PLANS SUBMITTER CONTACT INFORMATION

Submitter Name					
Submitter Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

BILL INVOICE TO

Name					
Company					
Street Address					
City		State		Zip	
Email Address					
Phone Number					

Signature: _____ Date: _____