

Loreen Harvey 279 Broadway, Bldg 2 Menands, NY 12204 (518) 478 – 3906 LHarvey@kasselmansolar.com

Village of Upper Nyack Architectural Review Board 328 North Broadway Upper Nyack, New York 10960

RE: Nathalie Fiaschi / 3 Riverton Drive, Nyack, New York 10960 / PV Array

Dear Board,

Kasselman Solar, LLC. is proposing a 15.4 kW roof-mounted photovoltaic array for homeowner Nathalie Fiaschi at the above address. Information regarding the material specifications have been provided otherwise.

I have enclosed documents, also submitted electronically:

Project Narrative

Rockland County ME License

Engineer Stamped Drawings / Site Plan

Photos of views of adjacent properties

Description of existing & proposed use:

Single-Family residential, no change in use.

Installation of 38 roof-mounted solar panels and equipment on parcel 60.13-2-81.2.

Installation should not exceed one day, installation of this project to ensue as soon as possible post permit reception.

Neighbors have not been specifically notified of the project we are proposing at this site at this time. The entire project will be installed on the rear/South facing side of the residence. The installation will not be visible to any significant degree, if any, to adjacent properties either by inaccessibility to view and/or natural screening.

The array layout has been designed to optimally generate efficient energy production and has been approved by the homeowner. Any major changes to the layout could reduce the effectiveness of the system though are receptive to minor adjustments from recommendations. Any new layout scheme would need to be reevaluated for efficiency and approved by the homeowner. Additionally, the panel type is an all-black model.

Thank you for your consideration and we look forward to working with you on this project. I can be reached during normal working hours Mon-Fri by any of the contact means listed below.

Sincerely,

James Gardner Permit Coordinator

279 Broadway Bldg 2 Menands, NY 12204 (518) 918 4800 jgardner@kasselmansolar.com

## VILLAGE OF UPPER NYACK 328 NORTH BROADWAY UPPER NYACK, NY 10960

INCORPORATED 1872 Tel. 845-358-0084 FAX. 845-358-0741 www.uppernyack-ny.us

**BUILDING PERMIT APPLICATION FOR** 

## SOLAR PANELS

Application is hereby made for a Building Permit in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack.

### Submit the following:

- 2 copies of this application form
- 1 copy of deed
- 1 copy of survey in current homeowner's name
- 6 copies of site plan/enhanced survey, signed and sealed by license professional. Include: elevations, appearance from street, vicinity map, location & size of panels
- 6 copies of technical drawings detailing the installation. Must comply with the NYS Fire Prevention & Building Code and NYS Special Wind Region Requirements
- Manufacturers' specifications
- Engineer's report on structural integrity of roof
- Contractors Documentation: Rockland County License, Liability & Workers Compensation
- Payment of Architectural Review Board Fee at time of submission

Plans and specifications shall bear the stamp, seal, and signature of the person responsible for the design and drawings. Further information may be required by the office of the Building Inspector, as provided by the Zoning Ordinance of the Incorporated Village of Upper Nyack, if such is considered necessary for approval of this application.

| Owner(s)                                   | <br> |
|--------------------------------------------|------|
| Address:                                   |      |
| Phone #                                    |      |
|                                            |      |
| Email Address                              |      |
| Property Address to which permit pertains: | <br> |

## PLEASE COMPLETE THE FOLLOWING

| Proposed work:                                   |  |
|--------------------------------------------------|--|
| Total valuation of work:                         |  |
| County Tax ID Number of Property:                |  |
| Zoning District                                  |  |
| Zoning: Single Family Two Family Other (specify) |  |
| Sewage Disposal: Public Sewers Septic System     |  |
| Contractor Information:                          |  |
| Name                                             |  |
| Address                                          |  |
| Phone                                            |  |

## OFFICE OF THE BUILDING INSPECTOR INCORPORATED VILLAGE OF UPPER NYACK **PROPERTY OWNER CERTIFICATION**

Inc. Village of Upper Nyack County of Rockland State of New York

| Property Owner: Nathalie Fiaschi                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certifies that he/she resides at 3 Riverton Dr Nyack , NY 10960                                                                                                                                                                                                                                     |
| and that he/she is the owner of all that certain lot, parcel of land and/or building located at 3 Riverton Dr Nyack, NY 10960                                                                                                                                                                       |
| and proposed construction will be performed in accordance with the New York State Building Code; in conformance with the Zoning Ordinance of the Incorporated Village of Upper Nyack; and in accordance with plans and specifications submitted herewith.  Signature  9/12/2022   8:48 PM PDT  Date |
| STATEMENT BELOW ONLY TO BE FILLED OUT IN THE EVENT THIS APPLICATION IS MADE BY PERSON OTHER THAN OWNER OF PROPERTY                                                                                                                                                                                  |
| Inc. Village of Upper Nyack County of Rockland State of New York  State of New York                                                                                                                                                                                                                 |
| Agent Name: Loreen Harvey: Kasselman Solar being duly sworn deposes and says:                                                                                                                                                                                                                       |
| 1. That Nathalie Fiaschi is the owner of the land that is the subject of this permit.                                                                                                                                                                                                               |
| <ol> <li>The deponent is duly authorized to make this application by said owner.</li> <li>That the proposed work is authorized by said owner.</li> </ol>                                                                                                                                            |
| Agent Signature Correct Harver                                                                                                                                                                                                                                                                      |
| Sworn to before me this 2nd day of February 20_23                                                                                                                                                                                                                                                   |
| (Notary Public)  STATE OF NEW YORK  NOTARY PUBLIC OTHEG259006  3  Country OTHEG259006  3  3                                                                                                                                                                                                         |

## VILLAGE OF UPPER NYACK GENERAL MUNICIPAL LAW 809 STATEMENT

| APPLICATION NAME: Nathalie Fiaschi F                                              | PV Array Installation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| APPEARING BEFORE (CIRCLE ALL THAT                                                 | APPLY):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PLANNING BOARD                                                                    | ZONING BOARD OF APPEALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ARCHITECTURAL REVIEW BOARD                                                        | BOARD OF TRUSTEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| STATE OF NEW YORK ) ss:                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COUNTY OF Albany                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| James Gardner: Kasselman Solar, LLC                                               | being duly sworn, deposes and says: (deponent name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Your deponent is over 18 years of age and (residual Riverton Dr., Nyack, NY 10960 | des at) or (maintains an office at) [circle one]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Deponent is the (a) applicant, (b) one of the app                                 | licants, (c) officer of applicant A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| (state office held), (d) partner or principal in app                              | plicant. [circle applicable status].                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| employees have an interest in the applicant as d                                  | ounty, Town of Clarkstown or Village of Upper Nyack officers or efined in General Municipal Law§ 809 (for each person identified nature and extent of his or her interest in the applicant; if none, so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| N/A                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sworn to before me this Feb 2 day of 2023.  Maura Kathleen Hewson                 | Notary Public  Notary |
| GMI, 809 Form 1-2021                                                              | Name and Extended                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## VILLAGE OF UPPER NYACK ARCHITECTURAL REVIEW BOARD SUBMISSION CHECKLIST

## **Applications for Solar Panels**

Please include a completed copy of this checklist with your submission. If any item on the checklist is not included, please provide an explanation as to why it is not included.

## Incomplete submissions may be rejected.

| Please      | Description                                                                                           |  |  |  |  |  |  |  |
|-------------|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| check where |                                                                                                       |  |  |  |  |  |  |  |
| included    |                                                                                                       |  |  |  |  |  |  |  |
|             | Completed Solar Panel Building Permit Application [Submit two (2)]                                    |  |  |  |  |  |  |  |
|             | Application fee \$150 made payable to the Village of Upper Nyack                                      |  |  |  |  |  |  |  |
|             | Copy of Deed to present owner of property. Agents and Contract Vendees must have written              |  |  |  |  |  |  |  |
|             | authorization from the owner to appear in front of the ARB. [Submit one (1)]                          |  |  |  |  |  |  |  |
|             | General Municipal Law Section 809 Disclosure Form [Submit one (1)]                                    |  |  |  |  |  |  |  |
|             | A descriptive project narrative in the form of a cover letter or separate narrative. [Submit six (6)] |  |  |  |  |  |  |  |
|             | Site plan/enhanced survey in the current owner's name, signed and sealed by license                   |  |  |  |  |  |  |  |
|             | professional. Include: elevations, appearance from street, vicinity map, location & size of panels.   |  |  |  |  |  |  |  |
|             | [Submit six (6)]                                                                                      |  |  |  |  |  |  |  |
|             | Technical drawings detailing the installation and engineer's report on structural integrity of roof.  |  |  |  |  |  |  |  |
|             | Must comply with the NYS Fire Prevention & Building Code and NYS Special Wind Region                  |  |  |  |  |  |  |  |
|             | Requirement. [Submit six (6); all must be signed and sealed]                                          |  |  |  |  |  |  |  |
|             | Manufacturers' specifications [Submit two (2)]                                                        |  |  |  |  |  |  |  |
|             | Color photographs of the subject property and all buildings and structures located thereon.           |  |  |  |  |  |  |  |
|             | These photographs should include at least one photograph of each side (north, east, south and         |  |  |  |  |  |  |  |
|             | west) of the building or structure on the property. [Submit six (6) sets of photos]                   |  |  |  |  |  |  |  |
|             | Color photographs of buildings and structures located on adjacent properties and properties           |  |  |  |  |  |  |  |
|             | directly across the street. These photographs should be taken from the applicant's property or        |  |  |  |  |  |  |  |
|             | from the public street; applicants may <u>not</u> enter upon private property without the owner's     |  |  |  |  |  |  |  |
|             | permission in order to take such photographs. [Submit six (6) sets of photos]                         |  |  |  |  |  |  |  |

<sup>\*</sup> Prior to the issuance of any building permit, Contractors Documentation (Rockland County License, Liability & Workers Compensation) must be submitted to the Building Department.

ONE PDF COPY OF ALL PLANS PHOTOGRAPHS AND TECHNICAL REPORTS MUST BE SUBMITTED BY ELECTRONIC MAIL TO boardsecretary@uppernyack-ny.us. PLEASE USE THE APPLICANT NAME AND ADDRESS AS THE RE OF THE EMAIL

Additional Notes Regarding Solar Panel Applications. The ARB has a strong preference for solar panel designs that incorporate the following:

- 1. Black anti-glare panels with black framing.
- 2. Installation of panels on the second-story roof if the building is two stories in height or taller.
- 3. Solar panels arranged in rectangular shaped arrays or in a geometric arrangement that conforms with the shape of the roof on which the panels are located.

If the proposed arrangement and selection of solar panels do not comply with these criteria, the applicant must explain why such compliance is not feasible and how its proposal is consistent with the surrounding neighborhood.



## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

^^^^^ 464740969

LOVELL SAFETY MGMT CO., LLC 110 WILLIAM STREET 12TH FLR NEW YORK NY 10038



SCAN TO VALIDATE AND SUBSCRIBE

**POLICYHOLDER** 

KASSELMAN SOLAR LLC 279 BROADWAY, STE 2 MENANDS NY 12204 CERTIFICATE HOLDER
VILLAGE OF UPPER NYACK
328 N BROADWAY
NYACK NY 10960

| POLICY NUMBER | CERTIFICATE NUMBER | POLICY PERIOD            | DATE       |
|---------------|--------------------|--------------------------|------------|
| Z 2329 433-3  | 637620             | 04/01/2022 TO 04/01/2023 | 03/17/2022 |

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2329 433-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 985475615

250





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2022

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 have ADDITIONAL INSURED provisions or 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).

| tł                                                       | nis certificate does not confer rights t                                                                                              | o the        | cert        | ificate holder in lieu of si                                                                                                                                                              | uch end                                                        | dorsement(s)               |                            |                                      |              |           |            |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------|----------------------------|--------------------------------------|--------------|-----------|------------|
|                                                          | DUCER                                                                                                                                 | _            |             |                                                                                                                                                                                           | CONTACT Susan Marlette                                         |                            |                            |                                      |              |           |            |
|                                                          | thur J. Gallagher Risk Management<br>Century Hill Drive                                                                               | Serv         | ices,       | , Inc.                                                                                                                                                                                    | PHONE (A/C, No, Ext): 518-556-3130 FAX (A/C, No): 518-869-3580 |                            |                            |                                      |              |           | 9-3580     |
|                                                          | ite 200                                                                                                                               |              |             |                                                                                                                                                                                           |                                                                | ss: Susan_M                |                            | .com                                 |              |           |            |
| La                                                       | tham NY 12110                                                                                                                         |              |             |                                                                                                                                                                                           |                                                                | INS                        | URER(S) AFFOR              | DING COVERAGE                        |              |           | NAIC#      |
|                                                          |                                                                                                                                       |              |             | License#: BR-724491                                                                                                                                                                       | INSURE                                                         | RA: Southwe                | st Marine & C              | Seneral Ins Co                       |              |           | 12294      |
|                                                          | JRED                                                                                                                                  |              |             | KASSSOL-01                                                                                                                                                                                |                                                                |                            |                            |                                      |              | 12572     |            |
| Kasselman Solar LLC<br>279 Broadway, Building 2          |                                                                                                                                       |              | INSURE      | R c : ShelterPo                                                                                                                                                                           | oint Life Insu                                                 | rance Company              |                            |                                      | 81434        |           |            |
|                                                          | enands, NY 12204                                                                                                                      |              |             |                                                                                                                                                                                           | INSURE                                                         | RD:                        |                            | •                                    |              |           |            |
|                                                          |                                                                                                                                       |              |             |                                                                                                                                                                                           | INSURE                                                         | RE:                        |                            |                                      |              |           |            |
|                                                          |                                                                                                                                       |              |             |                                                                                                                                                                                           | INSURE                                                         |                            |                            |                                      |              |           |            |
| СО                                                       | VERAGES CER                                                                                                                           | TIFIC        | CATE        | NUMBER: 1467386637                                                                                                                                                                        |                                                                |                            |                            | REVISION NUM                         | /IBER:       |           |            |
| IN<br>C                                                  | HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | QUIF<br>PERT | REMEI       | NT, TERM OR CONDITION THE INSURANCE AFFORD                                                                                                                                                | OF ANY                                                         | Y CONTRACT THE POLICIES    | OR OTHER DESCRIBED         | OCUMENT WITH                         | H RESPEC     | CT TO V   | VHICH THIS |
| INSR<br>LTR                                              | TYPE OF INSURANCE                                                                                                                     |              | SUBR<br>WVD | POLICY NUMBER                                                                                                                                                                             |                                                                | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) |                                      | LIMIT        | s         |            |
| A                                                        | X COMMERCIAL GENERAL LIABILITY                                                                                                        | Y            | WVD         | GL202200011431                                                                                                                                                                            |                                                                | 3/24/2022                  | 3/24/2023                  | EACH OCCURRENC                       |              | \$1,000.  | .000       |
|                                                          | CLAIMS-MADE X OCCUR                                                                                                                   |              |             |                                                                                                                                                                                           |                                                                |                            |                            | DAMAGE TO RENTE<br>PREMISES (Ea occu | ED           | \$ 300,00 |            |
|                                                          | X BI/PD Ded:5,000                                                                                                                     |              |             |                                                                                                                                                                                           |                                                                |                            |                            | MED EXP (Any one                     |              | \$5,000   |            |
|                                                          |                                                                                                                                       |              |             |                                                                                                                                                                                           |                                                                |                            |                            | PERSONAL & ADV I                     |              | \$1,000,  | .000       |
|                                                          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                    |              |             |                                                                                                                                                                                           |                                                                |                            |                            | GENERAL AGGREG                       |              | \$2,000,  |            |
|                                                          | POLICY X PRO-<br>JECT LOC                                                                                                             |              |             |                                                                                                                                                                                           |                                                                |                            |                            | PRODUCTS - COMF                      | P/OP AGG     | \$2,000,  | .000       |
|                                                          | OTHER:                                                                                                                                |              |             |                                                                                                                                                                                           |                                                                |                            |                            |                                      |              | \$        | ,          |
| В                                                        | AUTOMOBILE LIABILITY                                                                                                                  |              |             | S2513625                                                                                                                                                                                  |                                                                | 3/24/2022                  | 3/24/2023                  | COMBINED SINGLE<br>(Ea accident)     | LIMIT        | \$1,000,  | ,000       |
|                                                          | X ANY AUTO                                                                                                                            |              |             |                                                                                                                                                                                           |                                                                |                            |                            | BODILY INJURY (Pe                    | er person)   | \$        |            |
|                                                          | X OWNED X SCHEDULED AUTOS                                                                                                             |              |             |                                                                                                                                                                                           |                                                                |                            |                            | BODILY INJURY (Pe                    | er accident) | \$        |            |
|                                                          | X HIRED X NON-OWNED AUTOS ONLY                                                                                                        |              |             |                                                                                                                                                                                           |                                                                |                            |                            | PROPERTY DAMAG<br>(Per accident)     | SE .         | \$        |            |
|                                                          | ACTOC CINET                                                                                                                           |              |             |                                                                                                                                                                                           |                                                                |                            |                            | <u> </u>                             |              | \$        |            |
| Α                                                        | X UMBRELLA LIAB X OCCUR                                                                                                               |              |             | EX202200001814                                                                                                                                                                            |                                                                | 3/24/2022                  | 3/24/2023                  | EACH OCCURRENC                       | CE           | \$2,000,  | ,000       |
|                                                          | EXCESS LIAB CLAIMS-MADE                                                                                                               |              |             |                                                                                                                                                                                           |                                                                |                            |                            | AGGREGATE                            |              | \$2,000,  | ,000       |
|                                                          | DED X RETENTION \$ 10 000                                                                                                             |              |             |                                                                                                                                                                                           |                                                                |                            |                            |                                      |              | \$        |            |
|                                                          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                         |              |             |                                                                                                                                                                                           |                                                                |                            |                            | PER<br>STATUTE                       | OTH-<br>ER   |           |            |
|                                                          | ANYPROPRIETOR/PARTNER/EXECUTIVE T/N                                                                                                   | N/A          |             |                                                                                                                                                                                           |                                                                |                            |                            | E.L. EACH ACCIDEN                    | NT           | \$        |            |
|                                                          | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                                            | ,            |             |                                                                                                                                                                                           |                                                                |                            |                            | E.L. DISEASE - EA E                  | MPLOYEE      | \$        |            |
|                                                          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                |              |             |                                                                                                                                                                                           |                                                                |                            |                            | E.L. DISEASE - POL                   | ICY LIMIT    | \$        |            |
| В                                                        | Disability<br>Installation Floater                                                                                                    |              |             | DBL441239<br>S2513625                                                                                                                                                                     |                                                                | 3/24/2022<br>3/24/2022     | 3/24/2023<br>3/24/2023     | NY Statutory<br>\$500,000            |              |           |            |
| DES                                                      | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI                                                                                           | LES (#       | ACORD       | 101, Additional Remarks Schedu                                                                                                                                                            | le, may be                                                     | e attached if more         | e space is require         | ed)                                  | '            |           |            |
| CF                                                       | RTIFICATE HOLDER                                                                                                                      |              |             |                                                                                                                                                                                           | СФИС                                                           | ELLATION                   |                            |                                      |              |           |            |
| Village of Upper Nyack 328 N Broadway Nyack NY 10960 USA |                                                                                                                                       |              |             | 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 |                                                                |                            |                            |                                      |              |           |            |
|                                                          |                                                                                                                                       |              |             |                                                                                                                                                                                           | Ilu                                                            | 46 4. C                    | full                       |                                      |              |           |            |



## CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

| PART 1. To be co                                                           | ompleted by Disability ar                                                                                                                                           | nd Pa | aid Family Leav                                                                                                    | ve Benefits     | Carrier or Lice             | nsed Ir     | suran      | ce Agent of that Carrier                     |  |  |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------|-------------|------------|----------------------------------------------|--|--|
| _                                                                          | Address of Insured (use street                                                                                                                                      | addre | ess only)                                                                                                          | 1b. Busi        | ness Telephone N            | umber o     | f Insure   | ed                                           |  |  |
| Kasselman Solar LLC<br>279 Broadway, Building<br>Menands, NY 12204         | <b>J</b> 2                                                                                                                                                          |       |                                                                                                                    | 518-478-8       | 518-478-8365                |             |            |                                              |  |  |
|                                                                            | nsured (Only required if coverage i<br>www.York State, i.e., Wrap-Up Policy,                                                                                        |       | necifically limited to  1c. Federal Employer Identification Number of Insured or Social Security Number  464740969 |                 |                             |             |            | er of Insured                                |  |  |
|                                                                            | ess of Entity Requesting Proof<br>ted as the Certificate Holder)                                                                                                    | of Co | verage                                                                                                             |                 | e of Insurance Ca           |             |            |                                              |  |  |
| Village of Upper Nyack<br>328 N Broadway<br>Nyack, NY 10960<br>USA         |                                                                                                                                                                     |       |                                                                                                                    | 3b. Polic       | cy Number of Entit          | ,           | in Box "   | 1a"                                          |  |  |
|                                                                            |                                                                                                                                                                     |       |                                                                                                                    |                 | cy effective period         |             | to         | 03/24/2023                                   |  |  |
| X A. Both dis B. Disability C. Paid fan  5. Policy covers: X A. All of the | the following benefits: ability and paid family leave be y benefits only. nily leave benefits only. e employer's employees eligible following class or classes of e | e und | ler the NYS Disab                                                                                                  | oility and Paid | l Family Leave Be           | nefits La   | w.         |                                              |  |  |
|                                                                            | isability and/or Paid Family Le                                                                                                                                     |       | Benefits insurance                                                                                                 | coverage as     | described above             |             |            | enced above and that the named               |  |  |
| Talanhana Numbar                                                           | 518-556-3130                                                                                                                                                        |       |                                                                                                                    | Robert Crandall | norized representative      |             | rea Presid | urance Agent of that insurance carrier) dent |  |  |
| Telephone Number                                                           | If Boxes 4A and 5A are che<br>Licensed Insurance Agent<br>If Box 4B, 4C or 5B is chec                                                                               | of th | d, and this form at carrier, this c                                                                                | ertificate is   | COMPLETE. Ma                | ail it dire | ectly to   | on 220, Subd. 8 of the NYS                   |  |  |
|                                                                            | Disability and Paid Family Board, Plans Acceptance U                                                                                                                |       |                                                                                                                    |                 |                             |             | the W      | /orkers' Compensation                        |  |  |
| PART 2. To be o                                                            | completed by the NYS W                                                                                                                                              | /ork  | ers' Compens                                                                                                       | ation Boa       | rd (Only if Box 40          | or 5B o     | f Part 1   | has been checked)                            |  |  |
|                                                                            | rmation maintained by the Nedeland Paid Family Leave Bene                                                                                                           | NYS   | orkers' Cor<br>Workers' Comp                                                                                       | ensation B      | tion Board pard, the above- |             | emplo      | yer has complied with the                    |  |  |
| Date Signed                                                                |                                                                                                                                                                     | Ву    |                                                                                                                    | (Signature of   | Authorized NVS World        | are' Compa  | neation P  | loard Employee)                              |  |  |
|                                                                            | ·                                                                                                                                                                   |       |                                                                                                                    |                 |                             |             |            | oard Employee)                               |  |  |

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.** 



## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in box "1a" for disability and/or paid family leave benefits under the New York State Disability and Paid Family Leave Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices my be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

### DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

## §220. Subd. 8

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.
- (b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

Donna G. Silberman, County Clerk

1 South Main St., Ste. 100 New City, NY 10956 (845) 638-5070

## **Rockland County Clerk Recording Cover Sheet**

Received From:

FIDELITY NATIONAL TITLE 1415 KELLUM PLACE GARDEN CITY, NY 11530 Return To:

FIDELITY NATIONAL TITLE 1415 KELLUM PLACE GARDEN CITY, NY 11530

Method Returned: ERECORDING

**First GRANTOR** 

GREENBERG, JONATHAN

First GRANTEE

FIASCHI, NATHALIE M

Index Type: Land Records

Instr Number: 2021-00011949
Book: Page:

Type of Instrument : Deed Type of Transaction : Deed

Recording Fee: \$201.00

Recording Pages: 5

The Property affected by this instrument is situated in Clarkstown, in the

County of Rockland, New York

Real Estate Transfer Tax

RETT#: 5201

Deed Amount: \$880,000.00

RETT Amount : \$3,520\_66

Total Fees: \$3,721,00

State of New York

County of Rockland

I hereby certify that the within and foregoing was recorded in the Clerk's office for Rockland

At: 1:51:15PM

County, New York

On (Recorded Date) : 03/18/2021

At (Recorded Time) 1.50.00 PM

Donna G. Silberman

County Clerk



This Indenture, made the 15th day of March Two Thousand Twenty One

Between

Jonathan Greenberg 3 Riverton Drive Upper Nyack, NY 10960

party of the first part, and

Nathalie M. Fiaschi 377 Martling Avenue Tarrytown, NY 10591

party of the second part,

Witnessesseth, that the party of the first part, in consideration of Ten Dollars and other valuable consideration paid by the party of the second part, does hereby grant and release unto the party of the second part, the heirs and stocessors and assigns of the party of the second part forever,

All that certain plots, pieces or parcels of land, with the buildings and improvements thereon erected, situate, lying being in the Town of Orangetown, County of Rockland, and State of New York being more pasticularly bounded and described as follows: CIARKSTOWN



Being and intended to be the same premises conveyed to the party of the first part by deed made by WB Upper Nyack Inc. dated October 22, 2010 recorded November 9, 2010 in the Rockland County Clerk's Office in Instrument No. 2010-00040266.

Together with all right, title and interest, if any, of the party of the first part in and to any streets and roads abutting the above described premises to the center lines thereof; Together with the appurtenances and all the estate and rights of the party of the first part in and to said premises; To have And To Hold the premises herein granted unto the party of the second part, the heirs and successors and assigns of the party of the second part forever.

And the party of the first part covenants that the party of the first part has not done or suffered anything whereby the said

premises have been encumbered an eny way whatever, except as aforesaid.

And the part of the First part, in compliance with Section 13 of the Lien Law, covenants that the party of the first part will receive the consideration for this conveyance and will hold the right to receive such consideration as a trust fund to be applied first for the purpose of paying the cost of the improvement and will apply the same first to the payment of the cost of the improvement before using any part of the total of the same for any other purpose.

The word "party" shall be construed as if it read "parties" whenever the sense of this indenture so requires. In Witness Thereof, the party of the first part has duly executed this deed the day and year first above written.

IN PRESENCE OF:

Mun Sparler BY Jonathan Greenberg Waster A. Sames Fine,

\* Power of Attorney to be Recorded Simbitaneously.

## SCHEDULE A-1 (Description of the Land)

ALL that certain plot, piece or parcel of land situate, lying and being in the Village of Upper Nyack, Town of Clarkstown, County of Rockland and State of New York, shown and designated as Lot 2 on a certain map entitled, "Courtyard at Upper Nyack, Village of Upper Nyack, New York', last dated 1/25/08 and filed in the Rockland County Clerk's Office on 3/3/08 as Map No. 7971.

FOR INFORMATION ONLY: Premises also known as 3 Riverton Drive, Nyack, NY Section 60.13 Block 2 Lot 81.2

\*\*\*METES AND BOUNDS DESCRIPTION TO BE PROVIDED UPON RECEIPT OF A GUARANTEED, CERTIFIED SURVEY\*\*\*

THE POLICY TO BE ISSUED under this commitment will insure the title to such buildings and improvements on the premises which by law constitute real property.

FOR CONVEYANCING ONLY: Together with all the right, title and interest of the party of the first part, of in and to the land lying in the street in front of and adjoining said premises.



State of New York County of Rockland ss:

On the 15th day of March in the year 2021 before me personally appeared

## Walter R. Sevastian

personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Linda Jacobsen Notary Public State of NY Rockland County Reg. #: 01JA6339796 Commission expires 04/04/2028

## Bargain and Sale Deed

With Covenant Against Grantor's Acts

Title No.

SECTION

60.13

BLOCK

2

LOTS

81.2

TOWN

CIArkstown

COUNTY

Rockland

TO

RETURN BY MAIL TO:

Richard Strassfield, Esq. 81 Main Street, Suite 205
White Plains, NY 10601

| FOR COUN                               | TY USE ONLY                              | 392001                                                                                                                | UCTIONS(RP-5217-PDF                               | F-INS): www.orps.state                  | .ny.us<br>New York State Departme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | 1000                                     | 3/18/2021                                                                                                             |                                                   | 2                                       | Taxation and Fina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| C2. Date                               | Deed Recorded<br>2021                    |                                                                                                                       | our 11949                                         |                                         | Office of Real Property To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C3. Book                               |                                          | C4. Page                                                                                                              |                                                   | 7                                       | RP- 5217-P<br>Roal Property Transfer Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A STATE OF THE PARTY OF THE PAR |
| PROPERTY                               | YINFORMATION                             | 4                                                                                                                     |                                                   |                                         | The state of the s | sport (arro)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1. Property                            |                                          |                                                                                                                       |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Location                               | * STREET NUM                             | BER                                                                                                                   | B                                                 | Riverton Drive                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | Clark                                    | stown                                                                                                                 |                                                   | UPPER NY                                | acx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12.5100000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2. Buyer                               | Fiaschi                                  | N                                                                                                                     |                                                   | AITVOR                                  | 2.171                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10960<br>*ZP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name                                   | * LAST NAMESO                            | OMPANY                                                                                                                |                                                   | Nathalie 1                              | ٧١.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 3. Tax                                 | LAST NAME/CO                             | ture Tax Bills are to be sent                                                                                         |                                                   | FIRST NAME                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Billing<br>Address                     | if other than buye                       | er address(at bottom of form)                                                                                         | LAST NAME/COMPANY                                 |                                         | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 4. Indicate th                         | STREET NUMBE<br>o number of Asso         | 201404 A 17 - 417 A                                                                                                   | CITY OR T                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Roll parcels                           | s transferred on th                      | ne deed# of Parcels                                                                                                   | OR Part of a F                                    |                                         | Parcel) Check as they apply:<br>ard with Subdivision Authority Exists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 5. Deed<br>Property                    | *FRONT PERT                              | X OR                                                                                                                  | 0.46                                              |                                         | Approval was Required On Transfer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>▲</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Size                                   | 1,0000000000000000000000000000000000000  | • верты                                                                                                               | *ACRES                                            |                                         | ved for watedwaten with Map Provised                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 6. Seller                              | Greenberg                                |                                                                                                                       | Je                                                | onathan                                 | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Namo                                   | *LAST NAME/COMP                          | ANY                                                                                                                   |                                                   | FIRST NAME                              | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | LAST NAMESCOMPA                          |                                                                                                                       |                                                   | THIST NAME                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| *7. Select the duse of the p           | lescription which<br>property at the tim | most accurately describes the se of sale:                                                                             |                                                   | Gigsk the boxes in<br>8, Ownership Type | below as they apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| A. One Fami                            | ily Residential                          |                                                                                                                       |                                                   |                                         | on on a Vacant Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                        |                                          |                                                                                                                       | · 🔥                                               | 10A. Preperty Locate                    | Swithin an Agricultural District<br>a disclosure notice indicating that the p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SALE INFORM                            | MATION                                   |                                                                                                                       |                                                   | Aductionism Disc                        | nut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 11. Sale Contro                        | act Date                                 | 12/30/2020                                                                                                            |                                                   | A Sittle Between                        | ore of these conditions as applicable<br>in Relatives or Former Relatives                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| * 12. Date of Sa                       |                                          | 3/15/2021                                                                                                             | / X                                               | One of the B                            | n Related Companies or Partners in Bu<br>luyers is also a Seller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                          |                                                                                                                       | $\langle \ \ \rangle$                             | L. Deed Type n                          | er is Government Agency or Lending In<br>ot Warranty or Bargain and Sale (Spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nife Dolous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| *13. Full Sale P                       |                                          | 880,000.00                                                                                                            |                                                   | G. Significant C                        | tonal or Less than Fee Interest (Specify<br>hange in Property Retween Tayable St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | v Classon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| This payment may<br>mortgages or other | y be in the form of o                    | paid for the property including pure<br>cash, other property or goods, or the<br>see round to the negative whole dole | onel property.<br>leassurypiten of                | 11 Sens of Dusin                        | ness is included in Sale Price<br>al Factors Affecting Sale Price (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                          | \                                                                                                                     | er emount.                                        | Comment(s) on Con                       | dition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. Indicate the<br>property inci      | value of personal<br>luded in the sale   | 00.00                                                                                                                 | ,                                                 |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ASSESSMENT                             | INFORMATION                              | - Data should reflect the lates                                                                                       | A Final Assessment Roll                           | and Tax Bill                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                          | n welch information taken(YY)                                                                                         |                                                   | tal Assessed Value                      | Americano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| *18. Property Cl                       | •                                        |                                                                                                                       | 20                                                | Assessed Value                          | 354,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                          | —<br>illiar(s) (Muisre than four, attac                                                                               | *19. Sch                                          | hool District Name                      | Nyack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 60.13-2-81                             |                                          | The state diam tour, accade                                                                                           | n sheet with additional id                        | lentifier(s))                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CERTIFICATION                          | VI T                                     | 7-                                                                                                                    |                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cortify that all of                    | the items of infor                       | mation entered on this form are                                                                                       | true and correct for the b                        |                                         | i bellef) and I understand that the ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -ioo statement of                      | SE                                       | mation entered on this form are<br>ain subject me to the provisions<br>LLER SIGNATURE                                 |                                                   |                                         | The state of the s | aking of any willful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1.1                                    | Kulm                                     | as werelt                                                                                                             | 3 //5 (Enter information of entity that is not an | individual accepts if buyer is i        | ER CONTACT INFORMATION  LLC, society, association, corporation, joint ato sen a name and contact information of an information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ock company selete or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SELLER SIGNATUS                        | Here                                     | April ,                                                                                                               | party who can answ                                | wer questions regarding the tra         | LLC, society, association, corporation, joint ato<br>sen a name and contact information of an indi<br>nater must be entered. Type or print clearly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mdustresponsible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                        | _ BU                                     | YER SIGNATURE                                                                                                         | Fiaschi                                           |                                         | Nathalie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Jae                                    |                                          |                                                                                                                       | * LAST NAME                                       |                                         | FIRST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BLYER BIGINATUR                        |                                          | × 03/15/202                                                                                                           | ANELA CODE                                        | 2 400                                   | -0425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        |                                          | DATE                                                                                                                  | 3                                                 | Riverton                                | TELEPHONE NUMBER (EX SIMBUR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MA PARADIONI                           | A.B.WH. SHAPLE                           | DAMPAULURI ARTUR ARTUR                                                                                                | *STREET NUMBER                                    | * STREET NAME                           | COULL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                        | MAKAMA                                   |                                                                                                                       | Orangetown                                        | n                                       | NY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| XXXXXX                                 | XXXXXXX                                  |                                                                                                                       |                                                   | BUY                                     | ER'S ATTORNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *29° CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| North T                                |                                          |                                                                                                                       | LAST NAME                                         |                                         | FRET NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| REMARK                                 |                                          |                                                                                                                       | (914)<br>AREA CODE                                |                                         | The second secon |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EL ROMANIEN                            |                                          | MCXXXIA DARANZAN                                                                                                      |                                                   |                                         | TELEPHONE NUMBER (Ex. 9039009)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Ed Day, Rockland County Executive

## CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor Pomona, NY 10970 (845) 364-3901 Fax: (845) 364-3902 CPLCAL@co.rockland.ny.us

The issuance and retention of this license is contingent upon the licensee's compliance with the laws of the State of New York and the County of Rockland, the rules and regulations of the Office of Consumer Protection, and the rules and regulations of all other New York State and Rockland County agencies, now in effect or which may hereafter be enacted.

LICENSED FOR

## HOME IMPROVEMENT

LICENSE NUMBER: H-19093 LICENSE CLASSIFICATIONS:

40 Solar Panel Installer

ISSUED TO: Kasselman Solar, LLC

279 Broadway **Building 2** 

Menands, NY 12204

LICENSE HOLDER: Steven M. Kasselman

**INITIAL APPLICATION DATE: 3/8/2019** 

**EFFECTIVE DATE: 4/1/2022** 

EXPIRATION DATE: 3/31/2023

LICENSE RESTRICTIONS: Solar Installation only

or and Public Advocate

4/5/2022

PLEASE NOTE: THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED

## CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor Pomona, NY 10970 (845) 364-3901 Fax: (845) 364-3902 CPLCAL@co.rockland.ny.us

The issuance and retention of this license is contingent upon the licensee's compliance with the laws of the State of New York and the County of Rockland, the rules and regulations of the Office of Consumer Protection, and the rules and regulations of all other New York State and Rockland County agencies, now in effect or which may hereafter be enacted.

LICENSED FOR

## **ELECTRICAL**

LICENSE NUMBER: E-19081

ISSUED TO: Kasselman Solar, LLC

279 Broadway

Bldg 2

Menands, NY 12204

SUPERVISOR OF THE WORK: Ernesto Cimmino

INITIAL APPLICATION DATE: 02/28/2019

**EFFECTIVE DATE: 09/01/2022** 

EXPIRATION DATE: 08/31/2023

Director and Public Advocate

10/11/2022

PLEASE NOTE: THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED



279 Broadway Building #2 Menands, NY 12204 (518)-478-8365 (518)-953-1095 Fax

| Nathalie Fiaschi (Customer) hereby authorize Kasselman Solar LLC, to a                                                                                  | ıct |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| as customer, agent & contractor, and to submit all necessary permit applications and supporting documents to the Town Building Department on my behalf. | ng  |
|                                                                                                                                                         |     |
| Customer Name (Print) Nathalie Fiaschi                                                                                                                  |     |
| Customer Signature 20589E0D5A564CE                                                                                                                      |     |
| Customer Address 3 Riverton Dr, Nyack, NY 10960                                                                                                         |     |
| Municipality that issues your Building Permit                                                                                                           |     |
| Kasselman Solar Employee Signature  Stylun Cumus  639C9CBEB21549F                                                                                       |     |



To: Kasselman Solar

279 Broadway Bldg. 2

Menands, NY

Date: February 7, 2023

Ref.: 22080028

Subject: Fiaschi Residence

3 Riverton Dr. Nyack, NY

To Whom It May Concern,

The following references the structural roof analysis of the Fiaschi residence located in Nyack, NY. Westshore Design Engineers has been retained in order to analyze the existing roof structure for adequacy in supporting the proposed additional loading due to rooftop solar panels. The site-specific loadings are as follows: Seismic Design Category B; basic Wind Speed of 115mph; and Ground Snow Load of 30psf, per ASCE 7-16. The existing roofs consist of 2x8 at 16"o.c. with a 13'-10" span and pre-fabricated/engineered wood trusses at 24"o.c. The codes also include 2020 NYS Building Code and 2021 IEBC.

Based on structural analysis, it has been determined that the R1, R2 and R3 roofs are adequate to support rooftop solar panels with a maximum loading of 3psf.

The panel layout is not restricted within the specified portions of roof. "Snap N Rack" L-foot anchors with 5/16" diameter lags required at 48" on center maximum with 2.5" minimum embed or racking system of equal or greater design values.

Please don't hesitate to contact us with additional requests.

Thank you.

Westshore Design Engineers

EXP: 0F NEW POPESSIONAL OPPOPESSIONAL OPPOPE

2/7/2023 Nicolas Nitti, P.E. President

John Eibert Project Coordinator

# PHOTOVOLTAIC ROOF MOUNT SYSTEM

38 MODULES-ROOF MOUNTED - 15.39 kWDC, 13.26 kWAC 3 RIVERTON DRIVE, NYACK, NY 10960 USA

### SYSTEM SUMMARY:

(N) 38 - REC SOLAR REC405AA PURE BLACK (405W) MODULES (N) 38 - ENPHASE ENERGY IQ8A-72-2-US MICRO-INVERTERS

(N) 01 - JUNCTION BOX

(E) 200A MAIN SERVICE PANEL WITH (E) 200A MAIN BREAKER

(N) 100A FUSED AC DISCONNECT

(N) ENPHASE IQ COMBINER BOX 4

### **DESIGN CRITERIA:**

**ROOF TYPE: - ASPHALT SHINGLE** NUMBER OF LAYERS: - 01

ROOF FRAME: - 2"X8" RAFTERS @ 16" O.C

STORY: - THREE STORY SNOW LOAD:- 30 PSF WIND SPEED:- 115 MPH WIND EXPOSURE:- B **EXPOSURE CATEGORY:- II** 

COORDINATES: 41.102802, -73.925265

### **SHEET INDEX**

PV-0 **COVER SHEET** SITE PLAN WITH ROOF PLAN PV-1 PV-2 ROOF PLAN WITH MODULES

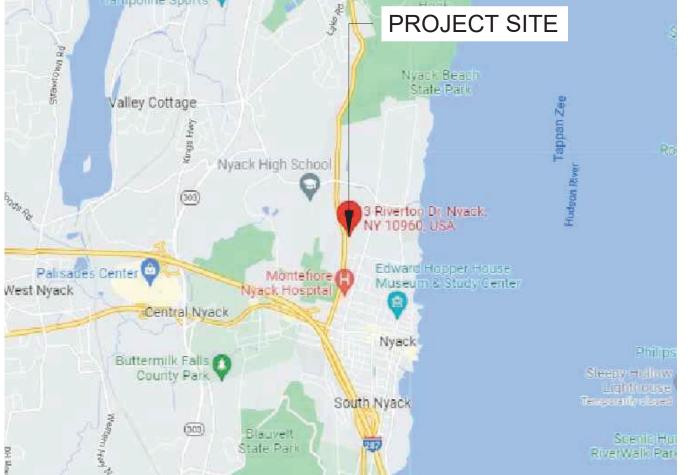
PV-3 ATTACHMENT DETAILS PV-3.1 STRUCTURE ELEVATION **EQUIPMENT SPEC SHEETS** PV-4+

### **GOVERNING CODES:**

2017 NATIONAL ELECTRICAL CODE (NEC) 2020 INTERNATIONAL FIRE CODE (IFC) 2020 INTERNATIONAL RESIDENCE CODE (IRC)

- INSTALLATION IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS.
- ENGINEER TO INSPECT PROJECT AFTER INSTALLATION AND CERTIFY COMPLIANCE.
- PROJECT TO BE INSTALLED WITH CODE COMPLIANT RACKING INSTRUCTIONS FOR UNI-RAC SOLAR MOUNT SYSTEM.
- FOLLOW BALLASTING SCHEDULE ON ROOF PLAN.
- THE SOLAR INSTALLATION CONTRACTOR, COMPLIES WITH ALL LICENSING & ALL RELATED REQUIREMENTS OF THE GOVERNING MUNICIPALITIES AND THE LOCAL ELECTRIC UTILITY AHJ'S.
- THIS PROJECT WILL COMPLY WITH THE CURRENT NEC REQUIREMENTS INCLUDING ARTICLE 690 SOLAR PHOTOVOLTAIC PV SYSTEMS.
- THE ROOF WILL HAVE NO MORE THAN A SINGLE LAYER OF ROOF COVERING IN ADDITION TO THE SOLAR EQUIPMENT.
- INSTALLATION WILL BE FLUSH-MOUNTED, PARALLEL TO AND NO MORE THAN 6.5" ABOVE ROOF
- MAINTAIN A MINIMUM OF 18" CLEARANCE AT RIDGE AND AT ONE GABLE EAVE.
- 10. THIS DESIGN COMPLIES WITH 115 MPH WIND REQUIREMENTS OF THE RESIDENTIAL CODE OF N.Y.S AND ASCE 7-10.
- 11. WHEREVER THE ROOF PLAN DOES NOT COMPLY WITH ACCESS AND VENTILATION REQUIREMENTS OF THE GOVERNING CODE, INSTALLER ALTERNATIVE VENTILATION METHODS WILL BE EMPLOYED. REVIEW AND APPROVAL SHALL BE AT THE DISCRETION OF THE MUNICIPALITY IN WHICH THIS DOCUMENT HAS BEEN FILED.
- 12. THE DESIGN PLANS COMPLY WITH THE 2020 NEW YORK STATE UNIFORM FIRE PREVENTION AND RESIDENTIAL BUILDING CODE.





**AERIAL PHOTO** SCALE: NTS VICINITY MAP SCALE: NTS



KASSELMAN SOLAR

279 BROADWAY BUILDING 2, MENANDS, NY 12204, USA PHONE:- 5187030976 EMAIL:-

cott.stevens@kasselmansolar.cor

**VERSION** DESCRIPTION DATE 09/06/2022

PROJECT NAME

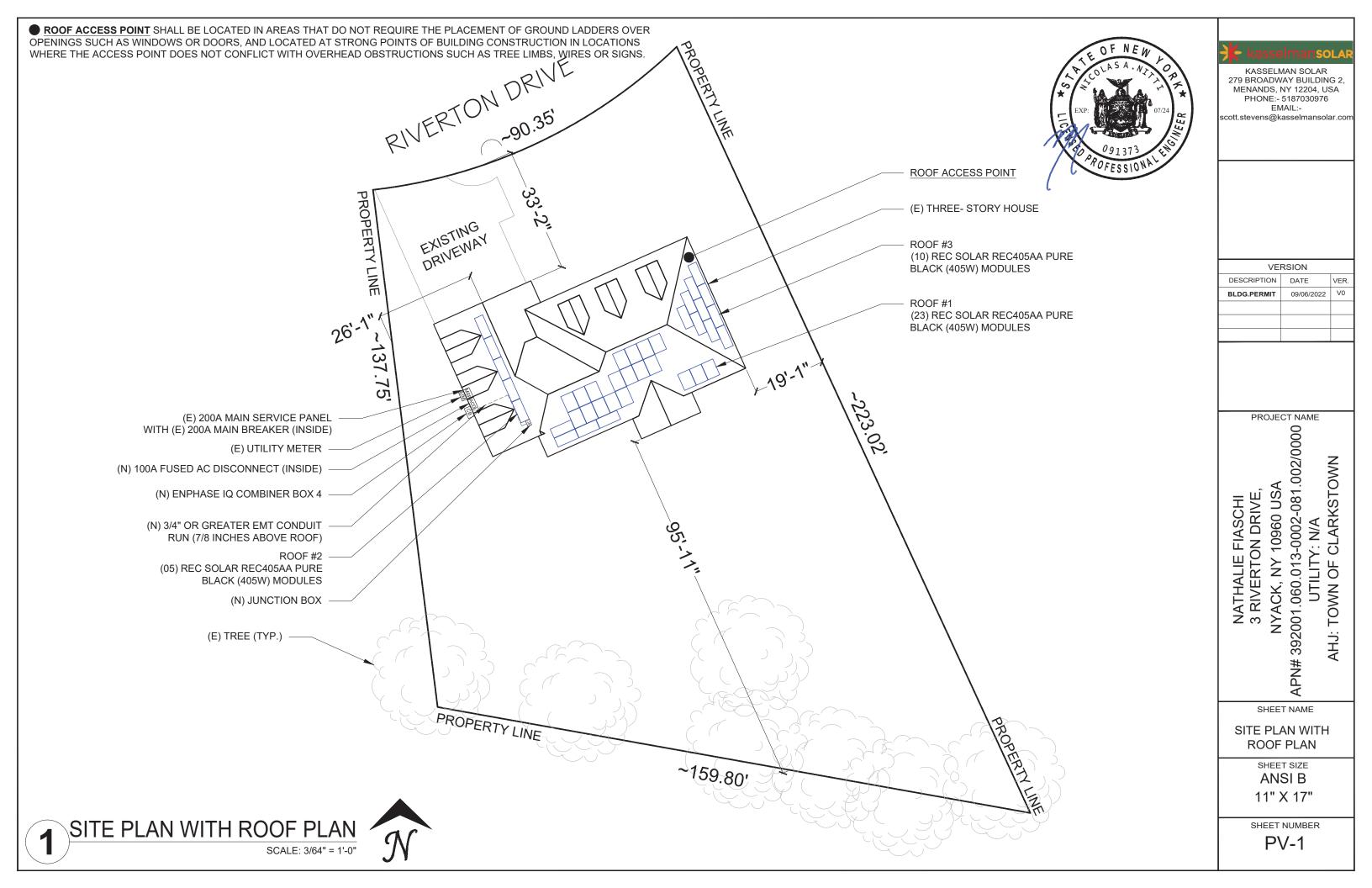
392001.060.013-0002-081.002/0000 NYACK, NY 10960 USA

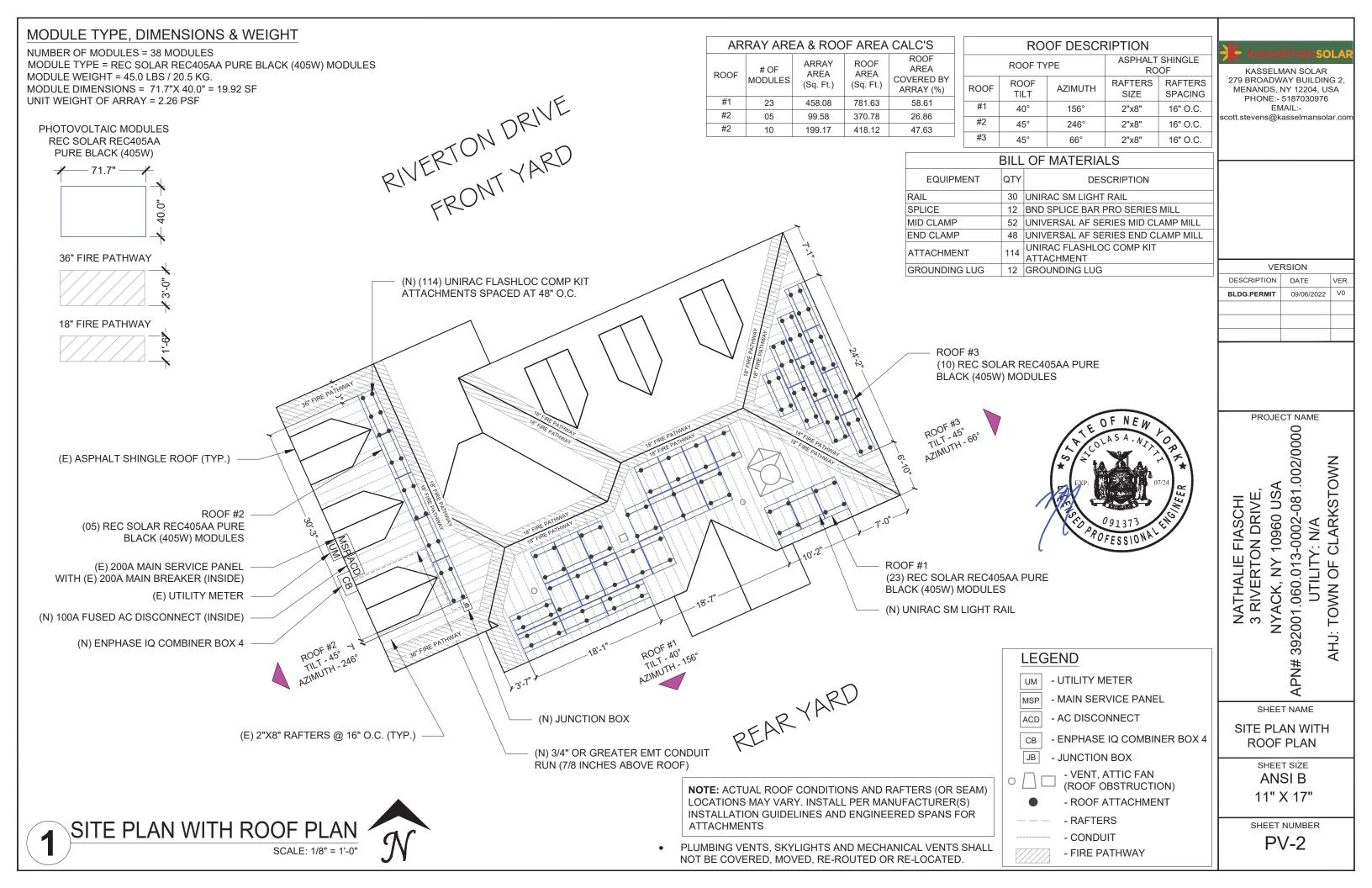
SHEET NAME

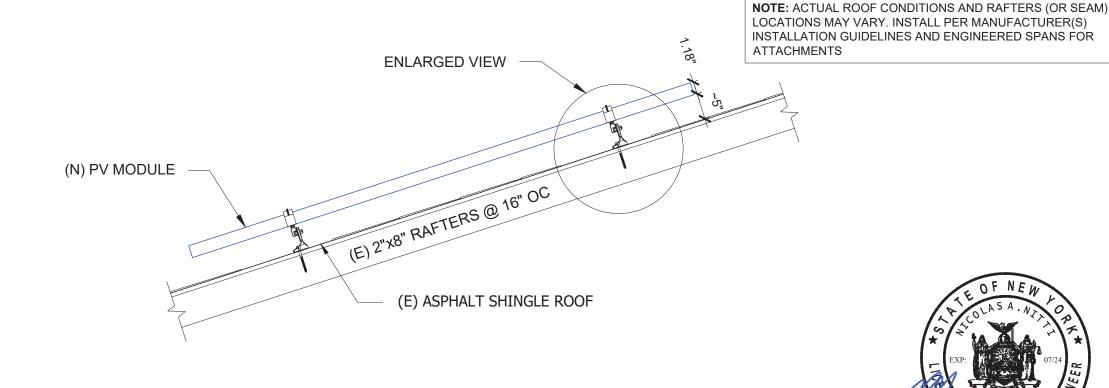
**COVER SHEET** 

SHEET SIZE ANSI B 11" X 17"

SHEET NUMBER PV-0









asselmanso

KASSELMAN SOLAR
279 BROADWAY BUILDING 2,
MENANDS, NY 12204, USA
PHONE:- 5187030976
EMAIL:cott.stevens@kasselmansolar.cor

VERSION

DESCRIPTION DATE VER.

BLDG.PERMIT 09/06/2022 V0

PROJECT NAME

NATHALIE FIASCHI
3 RIVERTON DRIVE,
NYACK, NY 10960 USA
APN# 392001.060.013-0002-081.002/0000
UTILITY: N/A
AHJ: TOWN OF CLARKSTOWN

SHEET NAME

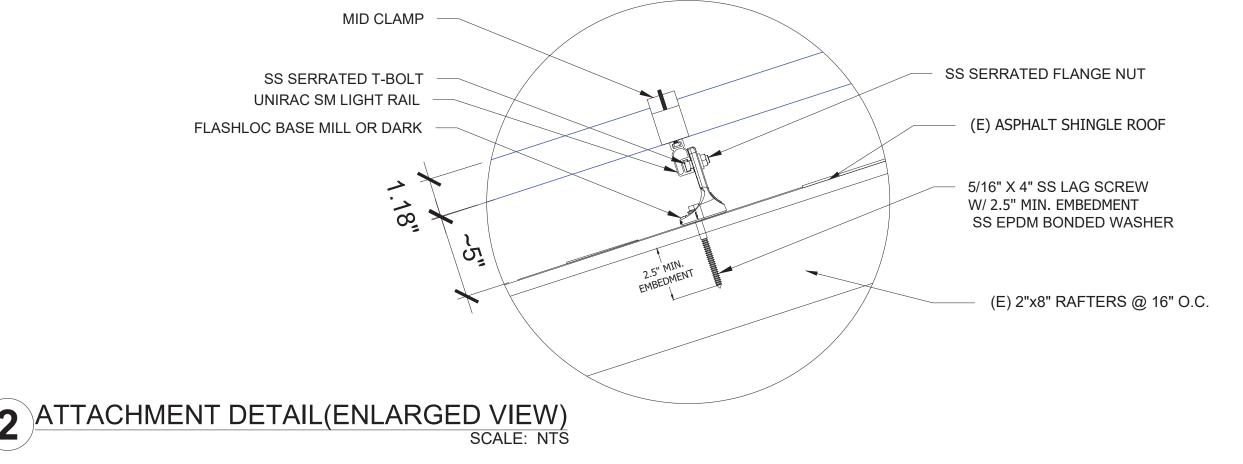
ATTACHMENT DETAIL

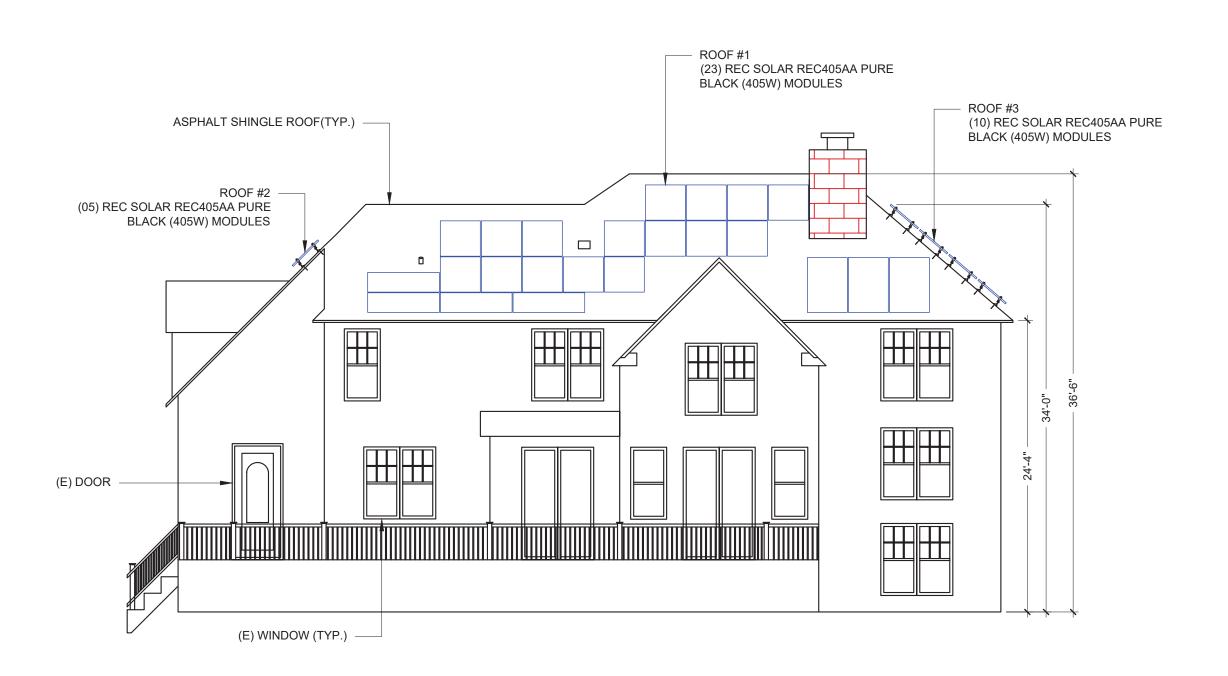
> SHEET SIZE ANSI B 11" X 17"

SHEET NUMBER

PV-3







**REAR VIEW** 



KASSELMAN SOLAR

279 BROADWAY BUILDING 2, MENANDS, NY 12204, USA PHONE:- 5187030976 EMAIL:-

cott.stevens@kasselmansolar.con

VERSION DESCRIPTION DATE BLDG.PERMIT 09/06/2022

PROJECT NAME

NYACK, NY 10960 USA APN# 392001.060.013-0002-081.002/0000 UTILITY: N/A AHJ: TOWN OF CLARKSTOWN NATHALIE FIASCHI 3 RIVERTON DRIVE,

SHEET NAME

STRUCTURE **ELEVATION** 

SHEET SIZE ANSI B 11" X 17"

SHEET NUMBER

PV-3.1

STRUCTURE ELEVATION **SCALE:** 1/8" = 1'-0"



## Nathalie Fiaschi

3 Riverton Dr Nyack, NY 10960

### Project and Installation Details

System Size DC (kW): 15.39 38 REC405AA Pure Black 38 Enphase Energy Inc. IQ8A-72-2-US

RACKING: UNIRAC SOLAR MOUNT -

FLASH LOC COMP/DUO

Roof Description
MATERIAL: SHINGLE
ROOF PITCH (DEG):R1) 40 R2&R3) 45

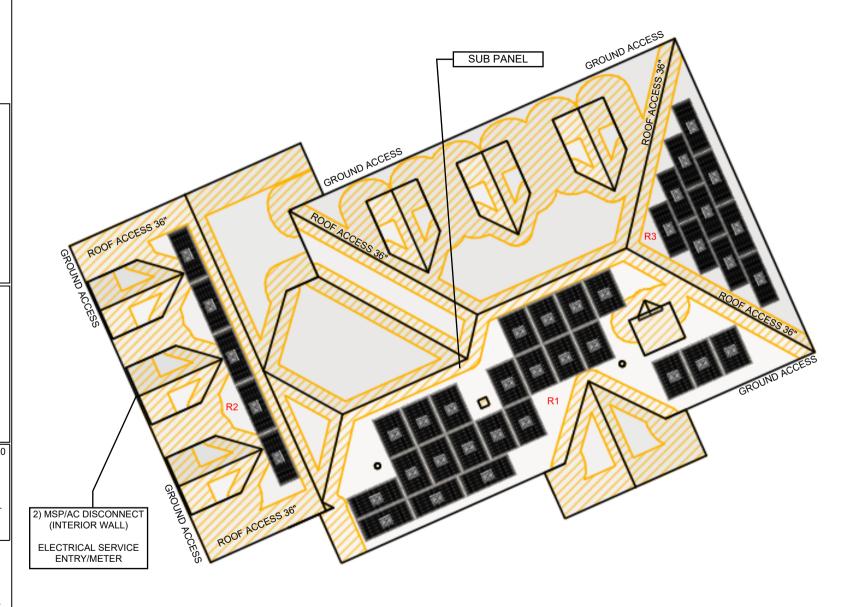
AZIMUTH (DEG): R1) 156 (SE) R2) 246 (SW) R3) 66 (NE) RAFTER/TRUSS: 2x8" 16"o.c.

PV Design adheres to relevant sections of the 2020 Residential Code [R324] of NYS and 2020 Fire Code of NYS [1204] for Solar PV systems.

Electrical labels to be placed on PV equipment per NEC 690.56. Labels are site specific.

:Solar Photovoltaic Module

:Setbacks in accordance with relevant sections of the 2020 RCNYS, R324 (Solar Energy Systems). Ridge not less than 18" Pathways not less than 36"







## SITE DESIGN 3D



3 Riverton Dr Nyack, NY 10960





**Customer:** 

Address:

## Installation site









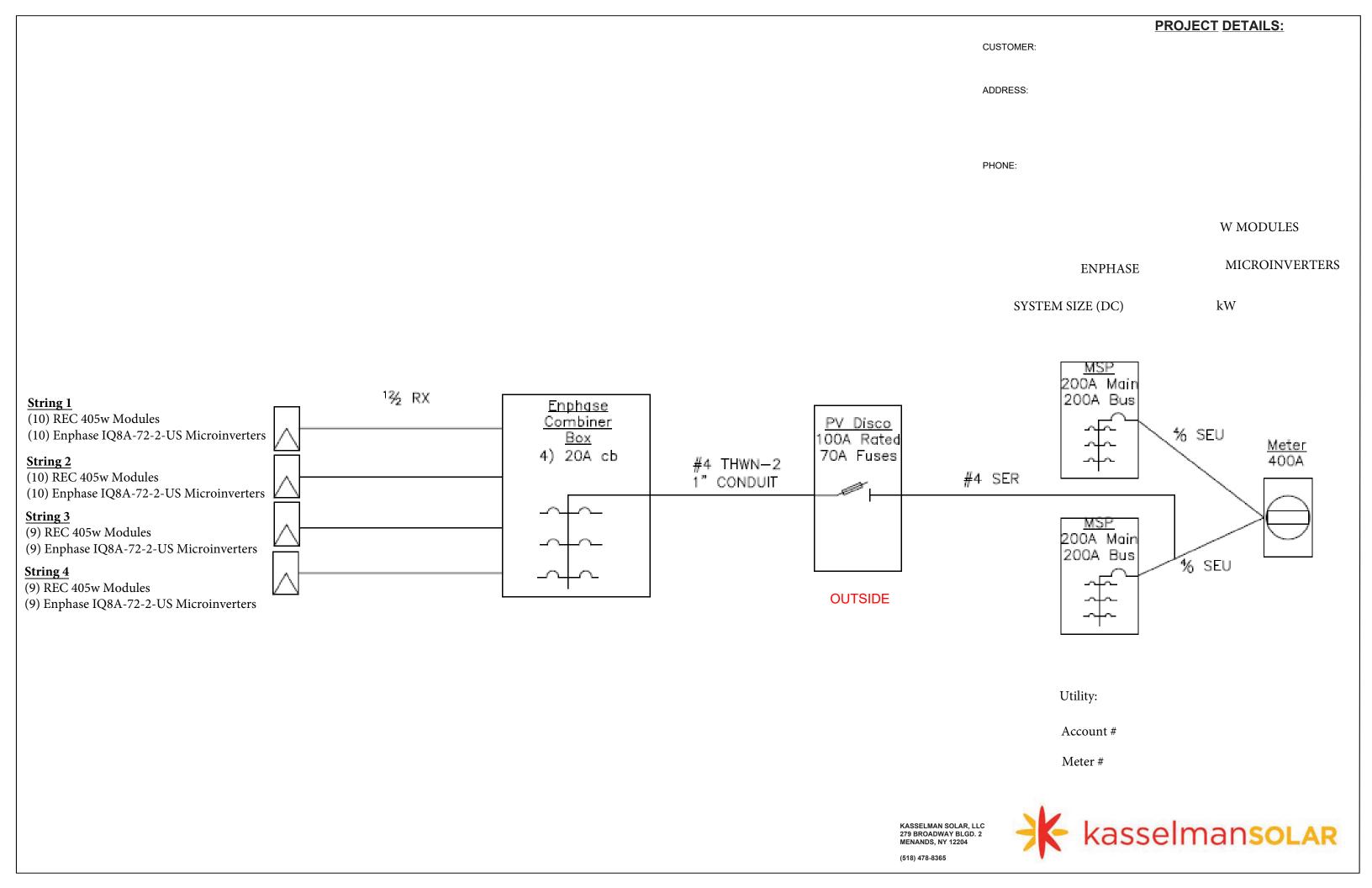


Views of adjacent properties 2, 3, and 5 Riverton Drive.



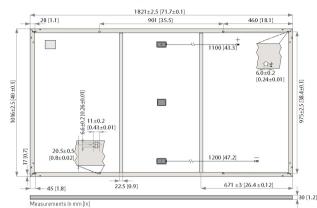








## PRODUCT SPECIFICATIONS



#### GENERAL DATA

| GLITLIAL      | DAIA                                                                                                         |             |                                                                                                   |
|---------------|--------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------|
| Celltype:     | 132half-cut REC heterojunctioncells<br>with lead-free, gapless technology<br>6 strings of 22 cells in series | Connectors: | Stäubli MC4 PV-KBT4/KST4,12 AWG(4mm²)<br>in accordance with IEC 62852<br>IP68 only when connected |
| Glass:        | 0.13 in (3.2 mm) solar glass with anti-reflection surface treatment                                          | Cable:      | 12AWG (4mm²) PV wire, 43+47 in (1.1+1.2m)<br>accordance with EN 50618                             |
| Backsheet:    | Highlyresistantpolymer(black)                                                                                | Dimensions: | 71.7x40x1.2in(1821x1016x30mm)                                                                     |
| Frame:        | Anodized aluminum (black)                                                                                    | Weight:     | 45 lbs (20.5 kg)                                                                                  |
| Junction box: | 3-part, 3 bypass diodes, IP67 rated<br>in accordance with IEC 62790                                          | Origin:     | Made in Singapore                                                                                 |

| 2   | ELECTRICAL DATA                              | Prod    | luct Code*: F | ECxxxAA F | ure Black  |       |
|-----|----------------------------------------------|---------|---------------|-----------|------------|-------|
| Ī   | Power Output - P <sub>MAX</sub> (Wp)         | 385     | 390           | 395       | 400        | 405   |
|     | Watt Class Sorting - (W)                     | 0/+5    | 0/+5          | 0/+5      | 0/+5       | 0/+5  |
|     | Nominal Power Voltage - V <sub>MPP</sub> (V) | 41.2    | 41.5          | 41.8      | 42.1       | 42.4  |
| ے   | Nominal Power Current - I <sub>MPP</sub> (A) | 9.35    | 9.40          | 9.45      | 9.51       | 9.56  |
| S   | Open Circuit Voltage - V <sub>oc</sub> (V)   | 48.5    | 48.6          | 48.7      | 48.8       | 48.9  |
|     | Short Circuit Current-I <sub>sc</sub> (A)    | 9.99    | 10.03         | 10.07     | 10.10      | 10.14 |
|     | Power Density (W/sq ft)                      | 19.3    | 19.6          | 19.8      | 20.1       | 20.3  |
|     | Panel Efficiency (%)                         | 20.8    | 21.1          | 21.3      | 21.6       | 21.9  |
|     | Power Output - P <sub>MAX</sub> (Wp)         | 293     | 297           | 301       | 305        | 309   |
| _   | Nominal Power Voltage - V <sub>MPP</sub> (V) | 38.8    | 39.1          | 39.4      | 39.7       | 40.0  |
| N N | Nominal Power Current - I <sub>MPP</sub> (A) | 7.55    | 7.59          | 7.63      | 7.68       | 7.72  |
| -   | Open Circuit Voltage - V <sub>oc</sub> (V)   | 45.7    | 45.8          | 45.9      | 46.0       | 46.   |
|     | Short Circuit Current-I <sub>SC</sub> (A)    | 8.07    | 8.10          | 8.13      | 8.16       | 8.19  |
|     | VIII I I                                     | 10.7516 |               |           | TOT (DECC) |       |

Values at standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production and the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 77°F (25°C), based on a production of the standard test conditions (STC: air mass AM 1.5, irradiance 10.75 W/sqft (1000 W/m²), temperature 10.75 W/sqft (spread with a tolerance of  $P_{\text{MW}}$   $V_{\text{CC}} \otimes I_{\text{CC}} = 396$  within one watt class. Nominal module operating temperature (NMOT: air mass AM1.5, irradiance  $800 \, \text{W/m}^2$ , temperature  $68^{\circ} F(20^{\circ} C)$ , windspeed  $3.3 \, \text{ft/s}$  ( $1 \, \text{m/s}$ ), \*Where  $x = 10 \, \text{m/s}$  temperature  $68^{\circ} F(20^{\circ} C)$ , windspeed  $3.3 \, \text{ft/s}$  ( $1 \, \text{m/s}$ ), \*Where  $x = 10 \, \text{m/s}$  temperature  $68^{\circ} F(20^{\circ} C)$ , windspeed  $3.3 \, \text{ft/s}$  ( $1 \, \text{m/s}$ ), \*Where  $x = 10 \, \text{m/s}$  temperature  $10 \, \text{m/s}$  at  $10 \, \text{m/s}$  at  $10 \, \text{m/s}$  temperature  $10 \, \text{m/s}$  at  $10 \, \text{m/s}$  at  $10 \, \text{m/s}$  temperature  $10 \, \text{m/s}$  at  $10 \, \text{m/s}$  at

#### CERTIFICATIONS

IEC 61215:2016, IEC 61730:2016, UL 61730 (Pending) ISO14001:2004. ISO 9001:2015. OHSAS 18001:2007. IEC 62941







#### WARRANTY

|                                                    | Standard | REC ProTrust |           |
|----------------------------------------------------|----------|--------------|-----------|
| nstalled by an REC Certified<br>Solar Professional | No       | Yes          | Yes       |
| System Size                                        | All      | ≤25 kW       | 25-500 kW |
| Product Warranty (yrs)                             | 20       | 25           | 25        |
| ower Warranty (yrs)                                | 25       | 25           | 25        |
| abor Warranty (yrs)                                | 0        | 25           | 10        |
| Power in Year 1                                    | 98%      | 98%          | 98%       |
| Annual Degradation                                 | 0.25%    | 0.25%        | 0.25%     |
| Power in Year 25                                   | 92%      | 92%          | 92%       |
|                                                    |          |              |           |

See warranty documents for details. Conditions apply

#### MAXIMUM RATINGS

| -40 +185°F (-40 +85°C)    |
|---------------------------|
| 1000 V                    |
| + 7000 Pa (146 lbs/sqft)  |
| - 4000 Pa (83.5 lbs/sqft) |
| 25 <i>A</i>               |
| 25.4                      |
|                           |

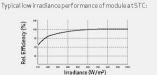
"See installation manual for mounting instructions. Design load - Test load / 1.5 (safety factor)

#### TEMPERATURE RATINGS\*

| Nominal Module Operating Temperature:         | 44°C (±2°C) |
|-----------------------------------------------|-------------|
| Temperature coefficient of P <sub>MAX</sub> : | -0.26%/°C   |
| Temperature coefficient of V <sub>oc</sub> :  | -0.24%/°C   |
| Temperature coefficient of I <sub>sc</sub> :  | 0.04%/°C    |

"The temperature coefficients stated are linear values

#### LOW LIGHT BEHAVIOUR



Founded in 1996, REC Group is an international pioneering solar energy company dedicated to empowering consumers with clean, affordable solar power. As Solar's Most Trusted, REC is committed to high quality, innovation, and a low carbon footprint in the solar materials and solar panels it manufactures. Headquartered in Norway with operational headquarters in Singapore, REC also has regional hubs in North America, Europe, and Asia-Pacific.







REC ALPHOL® PURE

T SPECIFICATIONS



SOLAR'S MOST TRUSTED



w REC







## IQ8M and IQ8A Microinverters

Our newest IQ8 Microinverters are the Industry's first microgrid-forming, software-defined microinverters with split-phase power conversion capability to convert DC power to AC power efficiently. The brain of the semiconductor-based microinverter is our proprietary application-specific integrated circuit (ASIC) which enables the microinverter to operate in grid-tied or off-grid modes. This chip is built in advanced 55nm technology with high speed digital logic and has super-fast response times to changing loads and grid events, alleviating constraints on battery sizing for home energy systems.



Part of the Enphase Energy System, IQ8 Series Microinverters integrate with the Enphase IQ Battery, Enphase IQ Gateway, and the Enphase App monitoring and analysis software.



Connect PV modules quickly and easily to IQ8 Series Microinverters using the included Q-DCC-2 adapter cable with plug-n-play MC4



IQ8 Series Microinverters redefine reliability standards with more than one million cumulative hours of power-on testing, enabling an industry-leading limited warranty of up to 25 years.



IQ8 Series Microinverters are UL Listed as PV Rapid Shut Down Equipment and conform with various regulations, when installed according to manufacturer's instructions.

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IQ8MA-DS-0003-01-EN-US-2021-10-19

#### Easy to install

- Lightweight and compact with plug-n-play connectors
- Power Line Communication (PLC) between components
- Faster installation with simple two-wire cabling

#### High productivity and reliability

- Produce power even when the grid is down
- More than one million cumulative hours of testing
- Class II double-insulated enclosure
- Optimized for the latest highpowered PV modules

#### Microgrid-forming

- Complies with the latest advanced grid support
- Remote automatic updates for the latest grid requirements
- Configurable to support a wide range of grid profiles
- Meets CA Rule 21 (UL 1741-SA) requirements

### IQ8M and IQ8A Microinverters

| INPUT DATA (DC)                            |                 | IQ8M-72-2-US                                                                                                                                                                                                                                                            | IQ8A-72-2-US                                                              |
|--------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Commonly used module pairings <sup>1</sup> | w               | 260 - 460                                                                                                                                                                                                                                                               | 295 - 500                                                                 |
| Module compatibility                       |                 | 60-cell/                                                                                                                                                                                                                                                                | 120 half-cell and 72-cell/144 half-cell                                   |
| MPPT voltage range                         | V               | 33 - 45                                                                                                                                                                                                                                                                 | 36 - 45                                                                   |
| Operating range                            | v               |                                                                                                                                                                                                                                                                         | 25 - 58                                                                   |
| Min/max start voltage                      | ٧               |                                                                                                                                                                                                                                                                         | 30/58                                                                     |
| Max input DC voltage                       | V               |                                                                                                                                                                                                                                                                         | 60                                                                        |
| Max DC current <sup>2</sup> [module Isc]   | A               |                                                                                                                                                                                                                                                                         | 15                                                                        |
| Overvoltage class DC port                  |                 |                                                                                                                                                                                                                                                                         | II                                                                        |
| DC port backfeed current                   | mA              |                                                                                                                                                                                                                                                                         | 0                                                                         |
| PV array configuration                     |                 | 1x1 Ungrounded array; No additional DC side p                                                                                                                                                                                                                           | protection required; AC side protection requires max 20A per branch circu |
| DUTPUT DATA (AC)                           |                 | 108M-72-2-US                                                                                                                                                                                                                                                            | 108A-72-2-US                                                              |
| Peak output power                          | VA              | 330                                                                                                                                                                                                                                                                     | 366                                                                       |
| Max continuous output power                | VA              | 325                                                                                                                                                                                                                                                                     | 349                                                                       |
| Nominal (L-L) voltage/range <sup>3</sup>   | v               |                                                                                                                                                                                                                                                                         | 240 / 211 - 264                                                           |
| Max continuous output current              | A               | 1.35                                                                                                                                                                                                                                                                    | 1.45                                                                      |
| Nominal frequency                          | Hz              |                                                                                                                                                                                                                                                                         | 60                                                                        |
| Extended frequency range                   | Hz              |                                                                                                                                                                                                                                                                         | 50 - 68                                                                   |
| Max units per 20 A (L-L) branch circu      | it <sup>4</sup> |                                                                                                                                                                                                                                                                         | 11                                                                        |
| Total harmonic distortion                  |                 |                                                                                                                                                                                                                                                                         | <5%                                                                       |
| Overvoltage class AC port                  |                 |                                                                                                                                                                                                                                                                         | III                                                                       |
| AC port backfeed current                   | mA              |                                                                                                                                                                                                                                                                         | 30                                                                        |
| Power factor setting                       | me.             |                                                                                                                                                                                                                                                                         | 1.0                                                                       |
| Grid-tied power factor (adjustable)        |                 | 1.0<br>0.85 leading - 0.85 lagging                                                                                                                                                                                                                                      |                                                                           |
| Peak efficiency                            | %               | 97.6                                                                                                                                                                                                                                                                    | 97.6                                                                      |
| CEC weighted efficiency                    | %               | 97                                                                                                                                                                                                                                                                      | 97.5                                                                      |
| Night-time power consumption               | mW              | 9/                                                                                                                                                                                                                                                                      | 60                                                                        |
|                                            | mw              |                                                                                                                                                                                                                                                                         | 60                                                                        |
| MECHANICAL DATA                            |                 | 4                                                                                                                                                                                                                                                                       | 000 to 10000 ( 4000 to 144000)                                            |
| Ambient temperature range                  |                 | -40°C to +60°C (-40°F to +140°F)                                                                                                                                                                                                                                        |                                                                           |
| Relative humidity range                    |                 | 4% to 100% (condensing)                                                                                                                                                                                                                                                 |                                                                           |
| DC Connector type                          |                 | MC4                                                                                                                                                                                                                                                                     |                                                                           |
| Dimensions (HxWxD)                         |                 | 212 mm (8.3") x 175 mm (6.9") x 30.2 mm (1.2")                                                                                                                                                                                                                          |                                                                           |
| Weight                                     |                 | 1.08 kg (2.38 lbs)                                                                                                                                                                                                                                                      |                                                                           |
| Cooling                                    |                 | Natural convection - no fans                                                                                                                                                                                                                                            |                                                                           |
| Approved for wet locations                 |                 |                                                                                                                                                                                                                                                                         | Yes                                                                       |
| Acoustic noise at 1 m                      |                 | <60 dBA                                                                                                                                                                                                                                                                 |                                                                           |
| Pollution degree                           |                 |                                                                                                                                                                                                                                                                         | PD3                                                                       |
| Enclosure                                  |                 | Class II double-insulated, corrosion resistant polymeric enclosure                                                                                                                                                                                                      |                                                                           |
| Environ, category / UV exposure ratir      | ng              |                                                                                                                                                                                                                                                                         | NEMA Type 6 / outdoor                                                     |
| COMPLIANCE                                 |                 |                                                                                                                                                                                                                                                                         |                                                                           |
|                                            | C               | A Rule 21 (UL 1741-SA), UL 62109-1, UL1741/IEEE1                                                                                                                                                                                                                        | 547, FCC Part 15 Class B, ICES-0003 Class B, CAN/CSA-C22.2 NO. 107.1      |
| Certifications                             | 69              | This product is UL Listed as PV Rapid Shut Down Equipment and conforms with NEC 2014, NEC 2017, and NEC 2020 section 690.12 and C22.1-2018 Rule 64-218 Rapid Shutdown of PV Systems, for AC and DC conductors, when installed according to manufacturer's instructions. |                                                                           |

(1) No enforced DC/AC ratio. See the compatibility calculator at https://link.enphase.com/module-compatibility (2) Maximum continuous input DC current is 10.6A (3) Nominal voltage range can be extended beyond nominal if required by the utility. (4) Limits may vary. Refer to local requirements to define the number of microinverters per branch in your area.

IQ8MA-DS-0003-01-EN-US-2021-10-19

## **SOLAR**MOUNT



**SOLAR**MOUNT is the professionals' choice for residential PV mounting applications. Every aspect of the system is designed for an easier, faster installation experience. **SOLARMOUNT** is a complete solution with revolutionary universal clamps. **FLASHKIT** PRO. full system UL 2703 certification and 25-year warranty. Not only is **SOLAR**MOUNT easy to install, but best-in-class aesthetics make it the most attractive on any block!





NOW FEATURING FLASHKIT PRO The Complete Roof Attachment Solution FEATURING O SHED & SEAL TECHNOLOGY



NOW WITH UNIVERSAL MIDCLAMPS Accommodates 30mm-51mm module frames One tool one-nerson installs are here!



REVOLUTIONARY NEW ENDCLAMPS Concealed design and included End Caps

## THE PROFESSIONALS' CHOICE FOR RESIDENTIAL RACKING

BEST INSTALLATION EXPERIENCE • CURB APPEAL • COMPLETE SOLUTION • UNIRAC SUPPORT FOR QUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702

## **SOLAR**MOUNT

## **#UNIRAC**

## **BETTER DESIGNS**

#### TRUST THE INDUSTRY'S BEST DESIGN TOOL

Start the design process for every project in our U-Builder on-line design tool. It's a great way to save time and money.

### BETTER SYSTEMS

#### ONE SYSTEM - MANY APPLICATIONS

Quickly set modules flush to the roof on steep pitched roofs. Orient a large variety of modules in Portrait or Landscape. Tilt the system up on flat or low slow roofs. Components available in mill, clear, and dark finishes to optimize your design financials

### **BETTER RESULTS**

#### MAXIMIZE PROFITABILITY ON EVERY JOB

Trust Unirac to help you minimize both system and labor costs from the time the job is quoted to the time your teams get off the roof. Faster installs. Less Waste. More Profits.

## **BETTER SUPPORT**

#### **WORK WITH THE INDUSTRIES MOST EXPERIENCED TEAM**

Professional support for professional installers and designers. You have access to our technical support and training groups. Whatever your support needs, we've got you covered. Visit Unirac.com/solarmount for more information.

#### CONCEALED UNIVERSAL **ENDCLAMPS**





FND CAPS INCLUDED WITH EVERY ENDCLAMP





**U-BUILDER ONLINE DESIGN TOOL SAVES TIME & MONEY** 



## UNIRAC CUSTOMER SERVICE MEANS THE HIGHEST LEVEL OF PRODUCT SUPPORT













#### TECHNICAL SUPPORT

Unirac's technical support team is dedicated to answering questions & addressing issues in real time. An online library of documents including engineering reports, stamped letters and technical data sheets greatly simplifies your permitting and project planning process.

#### CERTIFIED QUALITY PROVIDER

Unirac is the only PV mounting vendor with ISO certifications for 9001:2008, 14001:2004 and OHSAS 18001:2007, which means we deliver the highest standards for fit, form, and function. These certifications demonstrate our excellence and commitment to first class business practices.

#### BANKABLE WARRANTY

Don't leave your project to chance, Unirac has the financial strength to back our products and reduce your risk. Have peace of mind knowing you are providing products of exceptional quality. SOLARMOUNT is covered by a 25 year limited product warranty and a 5 year limited finish warranty.

ENHANCE YOUR REPUTATION WITH QUALITY RACKING SOLUTIONS BACKED BY ENGINEERING EXCELLENCE AND A SUPERIOR SUPPLY CHAIN PREPRIATE FOR OUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702

## **FLASH LOC**

## **FLASH** LOC



FLASHLOC is the ultimate attachment for composition shingle and rolled comp roofs. The all-in-one mount installs fast — no kneeling on hot roofs to install flashing, no prving or cutting shingles, no pulling nails. Simply drive the lag bolt and inject sealant into the base, FLASHLOC's patented TRIPLE SEAL technology preserves the roof and protects the penetration with a permanent pressure seal. Kitted with lag bolts, sealant, and hardware for maximum convenience. Don't just divert water, LOC it out!



#### JUNE2021 FLASHLOCCOMP V2



PROTECT THE ROOF Install a high-strength waterproof attachment without lifting, prying or damaging shingles.



LOC OUT WATER ology delivers a 100% water



HIGH-SPEED INSTALL

With an outer shield 1 contour-conforming gasket
2 and pressurized sealant chamber 3 the Triple Seal
to create a permanent pressure seal. Simply drive lag bolt and inject sealant into the port 4

## FASTER INSTALLATION, 25-YEAR WARRANTY.

FOR QUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702







#### PRE-INSTALL

Snap chalk lines for attachment rows. On shingle roofs, snap lines 1-3/4" below upslope edge of shingle course. Locate rafters and mark attachment locations

At each location, drill a 7/32" pilot hole. Clean roof surface of dirt, debris, snow, and ice. Next, BACKFILL ALL PILOT HOLES WITH SEALANT.

NOTE: Space mounts per racking system install specifications.



Place FLASHLOC over pilot hole with lag on down-slope side. Align indicator marks on sides of mount with chalk line. Pass included lag bolt and sealing washer through FLASHLOC into pilot hole. Drive lag bolt until mount is held firmly in place.

NOTE: The EPDM in the sealing washer will expand beyond the edge of the metal washer when proper torque is applied.



Insert tip of UNIRAC provided sealant into port. Inject until sealant exits both vents. Follow sealant manufacturer's instructions. Follow sealant manufacturer's cold weather application guidelines, if applicable,

Continue array installation, attaching rails to mounts with provided T-bolts.

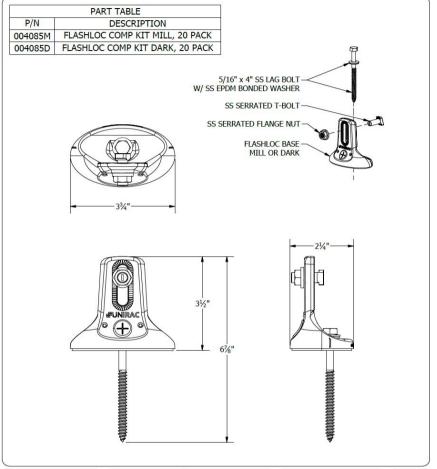


NOTE: When FLASHLOC is installed over gap between shingle tabs or vertical joints, fill gap/joint with sealant between mount and upslope edge of shingle course.

USE ONLY UNIRAC APPROVED SEALANTS: Chemink Duralink 50. Chemink M-1. Georel 4500, or Georel S-4

## FASTER INSTALLATION. 25-YEAR WARRANTY.

FOR QUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702





| PRODUCT LINE:  | SOLARMOUNT        |
|----------------|-------------------|
| DRAWING TYPE:  | PART DRAWING      |
| DESCRIPTION:   | FLASHLOC COMP KIT |
| REVISION DATE: | 4/28/2020         |

| DRAWING NOT TO SCALE |  |  |
|----------------------|--|--|
| ALL DIMENSIONS ARE   |  |  |
| NOMINAL              |  |  |
| PRODUCT PROTECTED BY |  |  |

PRODUCT PROTECTED BY ONE OR MORE US PATENTS LEGAL NOTICE

FL-A01 SHEET

## **FLASH LOC-DUO**

### FLASHLOC™ DUO THE MOST VERSATILE DIRECT TO DECK ATTACHMENT



FLASHLOC™ DUO is the most versatile direct to deck and rafter attachment for composition shingle and rolled comp roofs. The all-in-one mount installs fast — no kneeling on hot roofs to install flashing, no prying or cutting shingles, no pulling nails. Simply drive the required number of screws to secure the mount and inject sealant into the base, FLASHLOC's patented TRIPLE SEAL technology preserves the roof and protects the penetration with a permanent pressure seal. Kitted with two rafter screws, sealant and hardware for maximum convenience (deck screws sold separately). Don't just divert water, LOC it out!







JUNE2021\_FLASHLOCDUO\_V2







HIGH-SPEED INSTALL

Simply drive the required number of screws and inject sealant into the port 4 to create a permanent pressure

## FASTER INSTALLATION. 25-YEAR WARRANTY.

FOR QUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702

## FLASHLOC™ DUO





#### PRE-INSTALL: CLEAN SURFACE AND MARK LOCATION

Ensure existing roof structure is capable of supporting loads prescribed in Flashloc Duo D&E Guide. Clean roof surface of dirt, debris, snow and ice.

Snap chalk lines for attachment rows. On shingle roofs, snap lines 1/4\* below upslope edge of shingle coarse. This line will be used to align the upper edge of the mount. NOTE: Space mounts per span charts found in FLASHLOC DUO state certification letters.

#### STEP ONE: SECURE



ATTACHING TO A RAFTER: Place FLASHLOC DUO over rafter location and align upper edge of mount with horizontal chalk line. Secure mount with the two (2) provided rafter screws. BACKFILL ALL PILOT HOLES WITH SEALANT.

ATTACHING TO SHEATHING: Place FLASHLDC DUO over desired location and align upper edge of mount with horizontal chalk line. Secure mount with the two (2) provided rafter screws. Next, secure mount with four (4) deck screws by drilling through the FLASHLDC DUO deck mount hole locations. Dulrac recommends using a drill as opposed to an impact gun to prevent over-tightening or stripping roof sheathing.

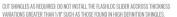
IMPORTANT: SECURELY ATTACH MOUNT BUT DO NOT OVERTIGHTEN SCREWS.

#### STEP TWO: SEAL



Insert tip of HNIRAC approved sealant into port and inject until sealant exits vent Continue array installation, attaching rails to mounts with provided T-bolts. Follow sealant manufacturer's instructions. Follow sealant manufacturer's cold weather application quidelines if annlicable

NOTE: When FLASHLOC DUO is installed over gap between shingle tabs or vertical joints, fill gap/joint with sealant between mount and upslope edge of shingle course.

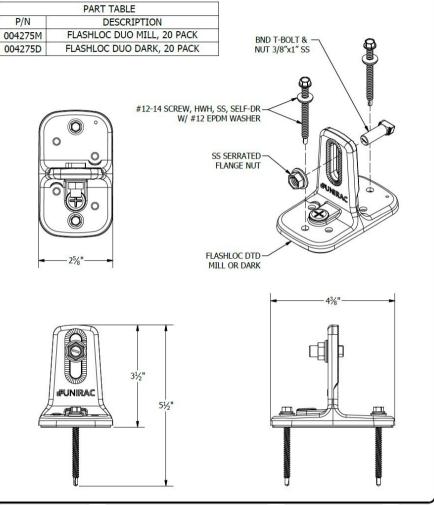




USE ONLY UNIRAC APPROVED SEALANTS. PLEASE CONTACT UNIRAC FOR FULL LIST OF COMPATIBLE SEALANTS.

## FASTER INSTALLATION, 25-YEAR WARRANTY.

FOR OUESTIONS OR CUSTOMER SERVICE VISIT UNIRAC.COM OR CALL (505) 248-2702





PHONE: 505.242.6411 WWW.UNIRAC.COM

| PRODUCT LINE:  | SOLARMOUNT       |
|----------------|------------------|
| DRAWING TYPE:  | ASSEMBLY DETAIL  |
| DESCRIPTION:   | FLASHLOC DUO KIT |
| REVISION DATE: | 4/29/2021        |

DRAWING NOT TO SCALE ALL DIMENSIONS ARE NOMINAL

PRODUCT PROTECTED BY ONE OR MORE US PATENTS LEGAL NOTICE

FL-A04 SHEET





PHOTOVOLTAIC SYSTEM

DC DISCONNECT

RATED MPP CURRENT AMPS
RATED MPP VOLTAGE VOLTS
MAX SYSTEM VOLTAGE VDC
MAX CIRCUIT CURRENT AMPS

2. WARNING
ELECTRICAL SHOCK HAZARD
TERMINALS ON THE LINE AND
LOAD SIDES MAY BE ENERGIZED

IN THE OPEN POSITION

- WARNING: PHOTOVOLTAIC POWER SOURCE
- 4. PHOTOVOLTAIC SYSTEM EQUIPPED WITH RAPID SHUTDOWN
- DO NOT UP SIZE MAIN BREAKER
  BREAKER WAS DOWN-SIZE FOR PV SYSTEM CONNECTION

<sup>6</sup> **∴WARNING** 

THIS SERVICE METER IS ALSO SERVED BY A PHOTOVOLTAIC SYSTEM PHOTOVOLTAIC
DC DISCONNECT

7(b). PHOTOVOLTAIC
AC DISCONNECT

- 8. SOLAR DISCONNECT
  - PV SOLAR BREAKER
    DO NOT RELOCATE
    THIS OVERCURRENT
    DEVICE

TURN OFF PHOTOVOLTAIC
AC DISCONNECT PRIOR TO
WORKING INSIDE PANEL

1. PHOTOVOLTAIC SYSTEM

⚠ AC DISCONNECT ⚠

RATED AC OUTPUT CURRENT A
NOMINAL OPERATING AC VOLTAGE V

12. WARNING

**DUAL POWER SUPPLY** 

SOURCES: UTILITY GRID AND PV SOLAR ELECTRIC SYSTEM <sup>13.</sup> **∴WARNING** 

PHOTOVOLTAIC SYSTEM COMBINER PANEL

DO NOT ADD LOADS

- 1. LABEL, PV DC DISCONNECT OPERATING SPEC, PLACE 1 PER INV, ERTER.
- 2. WARNING LABEL, DC, PLACE 1 PER INVERTER AND DC JUNCTION BOX.
- WARNING LABEL, DC, PLACE 1 EVERY 10' OF CONDUIT. REFLECTIVE.
- 4. LABEL INDICATING PV HAS RAPID SHUTDOWN, PLACE 1 ON METER, REFLECTIVE.
- 5. LABEL INDICATING MAIN BREAKER HAS BEEN DOWNSIZED. PLACE 1 NEAR MAIN.
- 6. WARNING LABEL, INDICATING METER IS BACK FED BY PV. PLACE 1 ON METER.
- 7 (a)(b). LABEL INDICATING WHERE PV DISCONNECT IS LOCATED, PLACE 1 ON METER. VERBAGE VARIES PER SITE.
- 8. LABEL INDICATING PV DISCONNECT, PLACE 1 ANYWHERE PV CAN BE DISCONNECTED, REFLECTIVE.
- 9. LABEL INDICATING PV OVER CURRENT DEVICE, PLACE 1 NEAR ALL PV BREAKERS EXCEPT MAIN.
- 10. WARNING LABEL, AC, PLACE 1 PER AC JUNCTION BOX, COMBINER PANEL, DISCONNECTS, ALL ELECTRICAL LOAD CENTERS.
- 11. LABEL, PV AC DISCONNECT OPERATING SPEC, PLACE 1 AT ALL LOCATIONS PV AC CAN BE DISCONNECTED.
- 12. WARNING LABEL, PLACE 1 ON COMBINER PANEL, DISCONNECT, OR TAP LOCATION.
- 13. WARNING LABEL, PLACE 1 ON COMBINER PANEL.
- \*NOTE LABELS ARE SITE SPECIFIC.