



## PROJECT REQUEST FORM

Fax +1 (478) 275 3761 E-Mail service@magesolar.com

Company*		Project Name*		
Name*		Contact Person*		
Street*		Date		
City, State, Zip Code*		Preferred Installation Date		
Phone*		Project/Commission Number		
INSTALLATION DATA	4			
Install Address*:		Inverter Brand Desired:	☐ Fronius	□ SMA
City, State, Zip*:		☐ Solar Edge	□ N/A	Other:
If Outside US; Lat & L	ong:	Meter Location:		
Roof Type*:	☐ Pitched ☐ Flat ☐ Ground Mount	Inverter Location:	□ Inside	☐ Outside
System Size Desired*	r:kWp	System Monitoring:	☐ On Site	☐ Remote Monitoring
	☐ Maximize ☐ Max Up to ☐		□ N/A	
	☐ MAGE SOLAR recommended	Module Orientation:	☐ Portrait	□ Landscape
Module Type: ☐ Polycrystalline ☐ Monocrystalline			☐ No Preference	
□ No I	Preference	Combiner Box (desired):	□Yes	□ No
Watt:				
Building Voltage*: ☐ 120/240 ☐ 208/120				
	☐ 277/480 WYE Other:			

<sup>\*</sup> Required Fields





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**ROOF DETAIL** 

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Roof Orientation/Azimuth (degrees):  Wind Exposure Category:
Basic wind speed (mph):
Note:  The estimate for unit and assembly system is based on details given by you. Please check the accuracy of specifications. You must comply with assembly instructions and the information given therein. The estimate of MAGE SOALR may not guarantee the complete measuring of the components possibly needed on site.  Roof orientation  90  Roof orientation  91  135  Roof pitch, sunny side
ROOF DATA
Pitched Roof: ☐ Rafter ☐ Purlin Roof Pitch (degree):
Rafter/Purlin Spacing: in. Spacing from gable board to 1st rafter in.
Roof Covering:
If metal roof:  a in. b in. c in.  Trapezoidal sheet metal
Roof decking:
Counter decking: ☐ 3/8" ☐ 3/4" ☐ none ☐ Other: ☐ ☐

RIDGE

<sup>\*</sup> Required Fields





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Flat Roof: ☐ Built up ☐ Gravel ☐ Green Roof ☐ Single ply barrier ☐ Metal Description:				
If trapezoidal metal roof:  ain. bin. cin.  Trapezoidal sheet metal sheet m				
Attachment Desired: ☐ Ballasted ☐ Penetrated Shims: ☐ Yes ☐ No				
Roof load capacity (if known): psf Truss spacing: ft				
Roof connection:				
Ground Mount / Mounting				
Type Desired:				
Desired Attachment*: ☐ Ballasted ☐ Permanent				
Module tilt desired:				
Sketch (Please depict objects on roof that would be of shading concern. (chimney, satellite/antenna, etc.))				
CHECKLIST OF DOCUMENTS TO BE SUBMITTED				
☐ Construction plan with dimensions ☐ Photos of the building				
☐ Sketch of the roof with windows and roof structures ☐ Environment sketch with objects of shadow concern				
☐ Location plan				
* Required Fields				