Cooperative Community Energy

Site Visit Worksheet

Date: _____

Member: _____ Telephone: _____

Street: _____ Fax: _____

City, Zip: _____ Email: _____

Usage History

PG&E Bills	Kwh per Month		
	2004	2003	2002
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Service

Account Number: _____

Name on Bill: _____

Rate Schedule: _____

Utility Service: Voltage:_____ AMPS:_____ PHASE:____

PG&E Service location: _____

Main Distribution Panel Location: _____

Main Distribution Panel Ratings (amps): _____

Sub Panel Location: _____

Sub Panel Ratings (amps):

Design Considerations (Locations best if marked on Site Sketch)

Battery Backup: Yes or No

Solar Goal: _____

Inverter Location: _____

DC Disconnect Location: _____

Array Location: Roof or Ground

Mount Type: Flush or Tilt or Pole

Air Conditioning: Yes or No

Roof

Roof Type: Tile or Composite or Shake or _____

Roof Condition: _____

Roof Pitch: _____

Roof Age _____

Roof rafters _____ X _____ on _____ O.C.

Year Building Built

Notes/Aesthetics/Other Issues:

System Financed by: _____

Rebate Financed by: _____

Solar Hot Water: Yes or No

Proof of Home Owners Insurance: Yes or No

Process Pathfinder readings

Reviewed and provided CCEnergy10 Steps, Membership Application

Reviewed costs of system (design, equipment, installation, permit fees, shipping)