



Design Review Committee

TrailMark Homeowners Association, Inc.
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TrailMark Solar Device Checklist

The items in the below checklist must be true in order to receive approval to install a solar system in the TrailMark subdivision. Any items not in compliance with the TrailMark Solar Design Guidelines may only be approved with sufficient documentation being provided from a solar authority documenting why it is not possible to design/deliver the solar system without a significant increase in the cost of the device. **Please check all items that will be in compliance.**

- Location – Does the location keep the solar panels off the front facing roof to the maximum extent possible?
- Solar device is not pole mounted.
- All solar devices use low profile roof mounts.
- Solar panels have dark in color pest abatement installed.
- Solar panels are not installed within 6” of any and all roof edges.
- Solar panel mountings are secured to withstand the high winds TrailMark receives.
- All components comply with applicable building codes and other governmental regulations.
- The solar panel framing is dark in color.
- The solar panels have a dark back sheet.
- The solar panels have anti-glare glass.
- All wiring/conduit is installed through the roof and routed inside the attic to the soffit nearest the home’s electrical panel.
- Connections to the inverter from the soffit are encased in electrical conduit.
- Exposed conduit will be painted the color of the surface it is mounted on.
- No wiring is exposed.

Solar System Review Documents: To obtain the DRC’s review of a solar device, the following information will be submitted:

- Location of the device(s) to be installed on the property/structure, showing all sides where the device is to be installed.
- Type of device(s) to be installed.
- Dimensions of the proposed device(s).
- Color of the proposed device(s) – framing and panels.
- Pictorial/brochure of the device.

Home Owner’s Signature: _____ Date: _____

Printed Name: _____

Property Address: _____

Design Request Number: _____