CERTIFIED SYSTEM APPLICATION
LIGHTNING PROTECTION INSTITUTE
1-800-488-6864

☐ Fee enclosed
Residential ($20)
Commercial ($50/building)

☐ As built drawings attached

☐ UL Inspection Submittal attached

PROJECT NAME _____
Address _____

ARCHITECT/ENGINEER _____ Phone _____
Address _____

INSTALLING COMPANY _____ Phone _____
Address _____
I hereby certify that the lightning protection on this project was installed according to LPI 175 and UL.
Print Name _____ Signature _____ Date _____

Master Installer or Master Installer Designer # _____

EQUIPMENT MANUFACTURER _____ Phone _____
Address _____
I hereby acknowledge that materials illustrated on the attached drawings are compliant with Component Standard UL96.
Print Name _____ Signature _____ Date _____

STAGE 1
Describe soil condition _____
Method of grounding _____
Depth of grounds _____ Average spacing _____ Quantity _____
Type, size, material of grounds _____
Type, size, material of conductor
☐ Verify proper ground connection – type used _____
☐ Verify proper horizontal/downward cable routing _____
☐ Verify common bond with ☐ Water Service ☐ Electric Service ☐ Phone Service ☐ Other

OWNER'S REPRESENTATIVE_____ Phone_____
Address_____
I hereby acknowledge that I have reviewed Stage 1 of the lightning protection system and believe it to be installed in accordance with LPI 175 and UL per the attached drawings.
Print Name_____ Signature_____ Date_____

STAGE 2 FULL CONDUCTOR SYSTEM OR SYSTEM USING BUILDING STEEL

Conductor size-type-material_____	Conductor size-type-material_____
Number of down conductors_____	No. of grounded columns__ Average spacing_____
☐ Verify average spacing_____	No. of roof steel bonds____Average spacing
Method of down conductor routing_____	Method used for column base bond_____
_____	_____ ☐Verify contact area
☐ Verify proper horizontal/downward cable routing	Method used for top steel bond_____
☐Verify contact/connector at concealed bonds,	_____ ☐Verify contact area
Location of bimetal transition (if used)_____	☐Verify proper horizontal/downward cable routing
Conduit ☐PVC ☐Metal-☐verify wedge/bond if used	☐Verify contact/connector at concealed bonds

OWNER'S REPRESENTATIVE _____
I hereby acknowledge that I have reviewed Stage 2 of the lightning protection system and believe it to be installed in accordance with LPI 175 and UL per the attached drawings.
Print Name_____ Signature_____ Date_____

STAGE 3
Conductor size-type-material_____ Air Terminal size-material_____
☐ Verify Air Terminal spacing ☐ Verify mid-roof Air Terminal spacing ☐ Verify Air Terminal at roof-top equipment
☐ Verify cable holder spacing 3'-0" on center ☐ Verify proper horizontal/downward cable routing
☐ Verify proper cable size, contact area, etc. at bonding connections
☐ Verify proper through roof connection/method, spacing and location
☐ Verify protection at all roof levels, areas, etc. not in a protected zone
Are Surge Protection Devices included as part of the lightning protection contract? ☐ Yes ☐ No

OWNER'S REPRESENTATIVE_____
I hereby acknowledge that I have reviewed Stage 3 of the lightning protection system and believe it to be installed in accordance with LPI 175 and UL per the attached drawings.
Print Name_____ Signature_____ Date_____

LPI REPRESENTATIVE
Print Name_____ Signature_____ Date_____

Furnish copies to: LPI Installer Manufacturer Owner