

SOLAR PANEL PERMIT APPLICATION

LOCATION OR SITE:

911 Address: _____
City: _____
State: _____
Zip: _____
Subdivision: _____
Section: _____ Lot #: _____

CONTRACTOR OR PERSON DOING THE WORK:

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____

USE OF STRUCTURE (Check One):

Single Family _____
Multi-Family _____
Accessory _____
Commercial/Industrial _____

PERMIT TYPE (Check One):

Addition _____
Alteration/Remodel _____
Connection to Mobile Home _____
General Service _____
New Installation _____
Temporary Service _____
Underslab Only _____

DETAILED SCOPE OF WORK:

UPGRADE SERVICE:

From _____ To _____ Amps _____

NUMBER OF METERS:

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE
AND ACCURATE UNDER PENALTY OF PERJURY

SIGNATURE: _____
PRINTED NAME: _____

Department Use Only:

ILP # (\$50.00) _____
Building Permit # _____
Permit Fee _____
Receipt # _____
Check # _____
Date _____
Issued By: _____
Section _____ Twp _____ Range _____
Zoning _____
Floodplain _____
Parcel ID # _____

Property Owners (current):

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____
Email: _____

Applicant:

Name _____
Address _____
City _____ State _____ Zip _____
Phone Number: _____

I ACKNOWLEDGE THAT REQUESTED INSPECTIONS MUST BE
CALLED FOR 24 HOURS PRIOR AND THAT I HAVE SUBMITTED
PROPER DRAWINGS AND LAYOUT OF STRUCTURE
