



G O D F R E Y

ILLINOIS

You can see your future from here

BUILDING & ZONING

SOLAR PERMIT

DATE: _____

ADDRESS OF PROJECT: _____

ROOF MOUNT: _____ ACCESSORY PANEL: _____

RESIDENTIAL (MIN. \$150) _____ COMMERCIAL (MIN. \$200) _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

OWNER NAME: _____

ADDRESS: _____

PHONE: _____

RETAIL COST OF PROJECT: _____

ATTACH SITE PLANS _____

ATTACH ELECTRICAL SPECIFICATIONS CALCULATIONS _____

IF ROOF MOUNTED SYSTEM, ATTACH PLANS SEALED BY LICENCED STRUCTURAL ENGINEER SHOWING ROOF IS CAPABLE OF SUPPORTING DESIGN LOAD _____

PLEASE ALLOW ONE WEEK FOR REVIEW AND APPROVAL



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IF USING A DETACHED PANEL, IT IS THE OWNER'S RESPONSIBILITY TO VERIFY PROPERTY LINES TO ASSURE ALL SETBACKS ARE MET (5 FEET FROM SIDE AND 7.5 FEET FROM REAR PROPERTY LINES)

ALL INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE

CALL JULIE LOCATE AT 800-892-0123 PRIOR TO ANY DIGGING

SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____

PERMIT # _____

COST OF PERMIT: _____

PAID: _____