

G O D F R E Y



I L L I N O I S

SOLAR PERMIT

DATE: _____

ADDRESS OF PROJECT: _____

RESIDENTIAL: _____

COMMERCIAL: _____

ROOF MOUNT: _____

ACCESSORY PANEL: _____

INSTALLER: _____

ADDRESS: _____

PHONE/EMAIL: _____

ELECTRICIAN'S LICENSE #: _____

OWNER NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE/EMAIL: _____

RETAIL COST OF PROJECT: _____

ATTACH SITE PLANS, INCLUDING ALL SETBACKS _____

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. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY PROPERTY LINES AND UTILITIES TO ASSURE ALL SETBACKS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS. ALL INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. WE REQUIRE AN INSTALLER TO BE ON SITE FOR ALL INSPECTIONS. FAILED OR NO-SHOW INSPECTIONS WILL REQUIRE AN ADDITIONAL FEE BEFORE RE-INSPECTION. ADDITIONAL PERMITS MAY BE REQUIRED BASED ON SCOPE OF WORK. PLEASE REFER TO CURRENT FEE SCHEDULE.

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

SIGNATURE OF APPLICANT: _____

I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for revocation of permit(s), whenever discovered. Any person who shall violate or fail to comply with any building codes or permit process shall be charged according to current Village ordinances.

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