## GODFREY

## 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 NAME AND CERTIFICATE # ISSUED BY THE VILLAGE OF GODFREY:	
PROPERTY 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 BE SURE ALL REQUIRED INFORMATION IS SUBMITTED APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. 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. PLEASE ALLOW AT LEAST TWO WEEKS FOR REVIEW AND APPROVAL. YOU WILL BE CONTACTED ONCE THE APPLICATION HAS BEEN REVIEWED. INQUARIES CHECKING THE STATUS OF THE APPLICATION BEFORE TWO WEEKS WILL NOT BE ANSWERED. ALL INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE. WE REQUIRE AN INSTALLER AND HOMEOWNER 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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