

CITY OF CARROLL

PV SOLAR APPLICATION

CARROLL BUILDING DEPARTMENT
627 N Adams St, Carroll, IA 51401

Phone: (712) 792-1000 FAX: (712) 792-0139

E-mail: cityofcarroll@cityofcarroll.com

Is the array installed on the ground?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES please fill out page 1 & 2 (additional fees apply)
Is the array installed on the roof?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES please fill out page 1
This project is:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Detached Garage <input type="checkbox"/> Ground Array	
Description of Work		
Job Address	Electrical Business Name	
Property Owner	Business License #	
Total Project Valuation (including labor & material)	Individual State Licensed Master Name	
Other	Master License #	

***As owner or the owner's authorized agent for which this application is being filed, I hereby certify: The description of use and information on this application is correct and they are the owner, or are authorized and empowered to make an affidavit on behalf of the owner, who makes said application: the said application, plat plans and specifications are true and contain a correct description of the proposed building, lot, work, and use to which building is to be placed. Subject to deed restrictions. Subject to all Government Regulations.*

Signature of Applicant: _____ Phone: _____ Date: _____

rev. 2/2022

CITY OF CARROLL

GROUND ARRAY APPLICATION

CARROLL BUILDING DEPARTMENT
627 N Adams St, Carroll, IA 51401

Phone: (712) 792-1000 Fax: (712) 792-0139

E-mail: carroll@carrollia.org

Location of Project			
Site Plan Required		<input type="checkbox"/> Check Here if Attached	
Installation Plan Required		<input type="checkbox"/> Check Here if Attached	
Footing Details Required		<input type="checkbox"/> Check Here if Attached	
Size:		Kilowatts:	
Owner of Property			
Address			
Contractor			
Address			
Architect/Engineer			
Address			
Valuation		Permit Fee	

Applicant, being duly sworn, deposes and says that he is the owner; or that he is authorized and empowered to make affidavit for the owner, who makes the accompanying application; that the application, plat, plans and specifications are true and contain a correct description of the proposed building, lot and work, and use to which building is to be placed. Subject to deed restrictions. Subject to all Government Regulations.

Signature of Applicant: _____ **Date:** _____

E-Mail Address: _____ **Phone:** _____

This application and any permit that may be granted in response thereto are subject to all the laws of the State of Iowa and all ordinances for the City of Carroll, Iowa, that may have a bearing on the same.