

DATE _____

PERMIT NO. _____

PV SOLAR PERMIT APPLICATION

CITY OF CARROLL, IOWA

Job Address

Owner	Mailing Address	Phone
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Contractor	Mailing Address	License No.	Phone
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Is the array installed on the ground or roof?	<input type="checkbox"/> GROUND	<input type="checkbox"/> ROOF
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Type of Project:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-Unit	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Ground
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IF INSTALLED ON GROUND - SITE PLAN & FOOTINGS DETAILS MUST BE ATTACHED
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Description of Work

REVIEW NOTICE & SIGN BELOW	Valuation of Work \$ _____			
<p>NOTICE</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 120 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 120 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE THE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>	PERMIT FEES			
	Services and Sub-Panels Up to 200 Amp	No:	Each	Fee
			\$13.88	
	Permit Issuance Fee			\$22.00
	<u>TOTAL AMOUNT DUE</u>			

Signature of owner or authorized agent	Date
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WHEN PROPERLY APPROVED BELOW THIS IS YOUR PERMIT
Application accepted by :
Date:
Approved by:

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