



SOLAR &/OR GENERATOR PERMIT APPLICATION

1. MUNICIPAL USE ONLY		
Permit Received: / /	When ready: <input type="checkbox"/> Email <input type="checkbox"/> Call	Received as: <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail
Application Received by:		<input type="checkbox"/> Email
Received:	<input type="checkbox"/> Commercial: Specifications on all equipment being installed <input type="checkbox"/> Roof Mounted: Detailed roofing information <input type="checkbox"/> Ground Mounted: Manufacturer's Specs and Installation Requirements or signed/sealed plans	Date Received: / /
Permit Fees (DUE AT SUBMISSION) : <input type="checkbox"/> \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Date Received: / /
Permit Fee Balance: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check #	Date Received: / /
Permit #	Date to BCO: / /	Date Issued: / /

DO NOT ACTIVATE APPLICATION UNTIL PERMIT FEES & PLANS HAVE BEEN RECEIVED

2. LOCATION OF PROPOSED WORK	
Site Address:	
Tax Parcel ID: 25 - ____ - ____	Lot # (if applicable):

3. TYPE OF WORK OR IMPROVEMENT	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	Total Project Cost: \$
Applying for: <input type="checkbox"/> Solar Installation <input type="checkbox"/> Generator Installation <input type="checkbox"/> Both Solar & Generator Installations	
Type of work or improvement (check all that apply)	
Location: <input type="checkbox"/> Roof mounted <input type="checkbox"/> Ground mounted <input type="checkbox"/> Other _____	
Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Other _____	
Service: Amperage _____ Phase _____ Job # _____	
Water Service: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Description of Work (attach documents if needed):	

4. OWNER	
Email:	
Name:	Phone:
Address/City/State/Zip:	



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5. APPLICANT		Email:	<input type="checkbox"/> Same as owner
Name:		Relationship to owner:	
Company (if applicable):		Phone:	
Address/City/State/Zip:			
I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I AM THE OWNER OR HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THE AUTHORIZED AGENT WHO AGREES TO ALL APPLICABLE LAWS OF THIS JURISDICTION.			
Owner/Applicant's Signature:			Date:

6. CONTRACTOR		Email:	<input type="checkbox"/> Same as applicant
Name:			
Company (if applicable):		Phone:	
Address/City/State/Zip:			

7. WORKERS' COMPENSATION INSURANCE COVERAGE INFORMATION	
The contractor is: <input type="checkbox"/> Owner of property (if so, GO TO BOX A) <input type="checkbox"/> Not the owner (if so, GO TO BOX B)	
BOX A: SIGN HERE & GO TO NEXT STEP	
BOX B: The applicant is a contractor within the meaning of the PA Workers' Compensation Law. <input type="checkbox"/> Yes <input type="checkbox"/> No	
PA State Registration # (if applicable) _____	ATTACH CERTIFICATE OF INSURANCE TO APPLICATION
SIGN HERE & GO TO NEXT STEP _____	