



# Delaware County Residential Solar Permit Application

Building Commissioner

Phone (765)747-7799

Permit #

Date Issued:

Please Print

Application Date:	Sidwell #	Township:
Property Address:		
Property Owner:	Telephone:	
Email Address:		
Zoning Category:	Flood Zone:	

## Solar Panel Information

<input type="radio"/> - Ground Mounted Panels	Number of Panels:	_____
<input type="radio"/> - Roof Mounted Panels	Estimated Cost:	_____

## Contractor Information

Name:	Contact Person:
Email Address:	Phone: Reg#
Electrical Contractor:	Reg #

Applicant Signature:	Date:
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## FOR OFFICE USE ONLY

County Surveyor Drain Clearance Approval: (Ground Mounted Only)	Date:
Building Commissioner Approval:	Date:

Permit Fee:	Date Paid:	CH/CA/CC	Receipt#
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Inspection Remarks:	Date:
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OFFICE NOTES:	