



RESIDENTIAL SOLAR PERMIT APPLICATION

111 South Main St. Ste.202 Cynthiana, Ky. 41031
Phone(859)234-7165 Fax(859)234-7211
Email: inspector@harrisonplanning.com

Permit Number _____	<input type="checkbox"/> City	<input type="checkbox"/> County
---------------------	-------------------------------	---------------------------------

Project Address:		
Subdivision:	Lot Size:	
Owner Name:	Owner Phone:	
Owner Address:		
Owner Email:		
Roof Mount Array <input type="checkbox"/> Ground Mount Array <input type="checkbox"/>		
Construction Cost: \$		
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Contractor Information		
Company name:		
Contact name:		
Phone:	Email:	
Structure Dimensions		
Length:	Width:	Height:
Rafter Sizes:	Truss Top Cord Size:	
Square Footage Array Calculations		
Total Sq/Ft Mount Area:		
Ground Mount Area must meet all planning and zoning set-back requirements. Site plan required.		
Permit Fee		
SOLAR ARRAY PERMIT FEE		\$150
TOTAL PERMIT FEE		\$
Acknowledgement		
Applicant Signature _____ Date _____ I certify that all information contained in this application is accurate to the best of my knowledge and that a complete set of construction documents has been included with my application.		

NOTE: APPLICATION MUST BE COMPLETED IN FULL AND SUBMITTED WITH ALL ADDITIONAL PAPERWORK AS REQUIRED ON CHECKLIST.