

APPLICATION FOR SOLAR INSTALLATION

Boone County

Fee \$ _____

INCOMPLETE FORMS WILL BE RETURNED

*Indicates Required Information

OFFICE USE ONLY
Permit _____
Date ____/____/____

*Estimated cost of Construction \$ _____

*Property

Owner: Last Name/First Name Address City State Zip Daytime Phone

Contractor: Last Name/First Name Address City State Zip Daytime Phone

*Email

Address: _____

NOTE: Please provide a copy of a recorded deed for proof of ownership and a survey if applicable. Please provide a survey/sketch plan with proposed location of structure.

*Type of Construction, CHOOSE ONE: _____ Use of Building (If roof mount) _____

*Size of property _____ x _____ = _____ Sq.Ft/Acres [] Plans Attached

Setbacks from property lines if ground mount: Front _____ Sides _____ / _____ Rear _____

*Is this for commercial/business purposes? [] YES [] NO

If yes, please explain:

If Ground Mount - Total square feet of disturbed area: _____ / 43560 = _____ ACRES
Include ALL area that will be disturbed at the site

Please check any of the following sensitive areas located on the property:

[] Sinkhole* [] Flood Plain [] Stream Buffer [] Other
*3000 ft

Will there be any stream crossings or stream disturbance? [] YES [] NO

Comments: _____

Road Driveway Connects To: _____

Zoning _____ Parcel # _____ - _____ - _____ - _____

S-T-R _____ - _____ - _____

Subdivision _____ Lot _____ Block _____

Floodplain panel 290034 _____ Flood Plain Dev. Permit Req. _____ Permit # _____

*911 Address of Work _____ Sinkhole area _____

*Directions to site: _____

Comments: _____

Approved by: _____ Date: ____/____/____

I hereby certify that I have read and examined this application and know the same to be true and correct, and to comply with all County Ordinances and State Laws regulating building construction.

I understand that this *permit shall become null and void if construction does not begin within six (6) months of the date that the permit is issued; or if construction stops for more than six (6) months.*

I understand that a **minimum notice of one day** is required for inspections unless otherwise stated by this office, and that **no work may proceed until an inspector has approved the inspection that has been requested.**

I understand that a **CERTIFICATE OF OCCUPANCY** is required prior to occupancy of this structure and that , **no structure shall be occupied until a Final Inspection has been requested, the Final Inspection has been performed and a CERTIFICATE OF OCCUPANCY has been issued.**

*Applicant's Signature _____ *Date ____ / ____ / ____

*Print Name _____

**Print form, sign and email to:
resmgt@boonecountymo.org**

PLOT PLAN

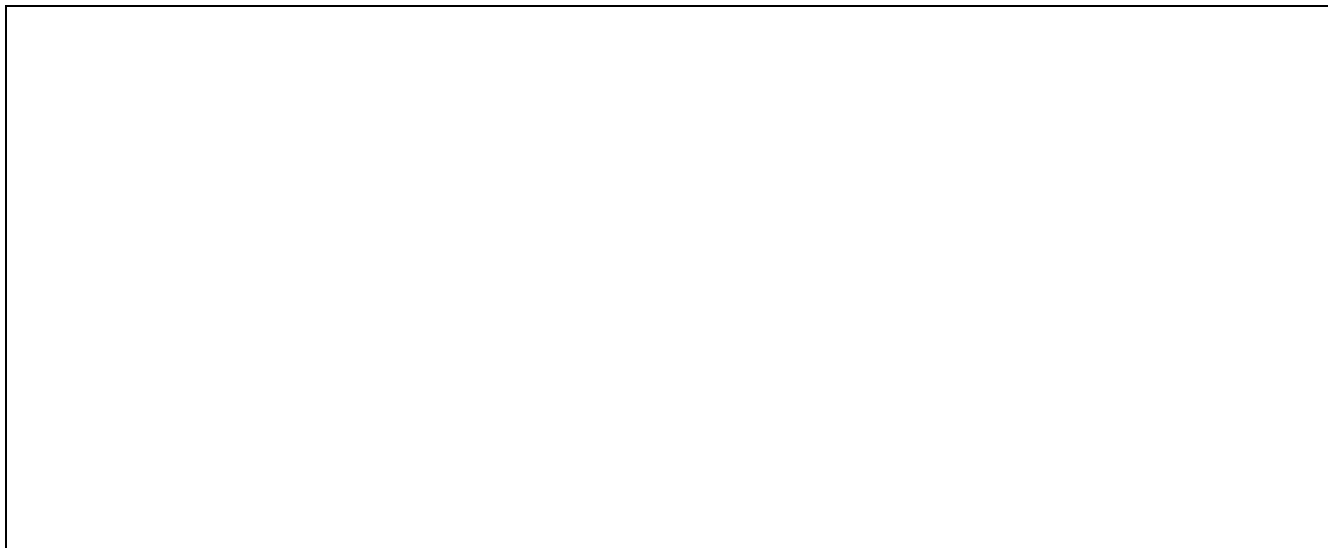
(Completed by applicant)

**DO NOT EMAIL TO INDIVIDUAL
EMPLOYEES**

1. Please show and label streets/roads and indicate location of driveway.
2. Please show the location of NEW solar panel placement in relation to lot lines.
3. Indicate and label all existing structures on property.

Instead of this drawing you may submit a copy of the aerial photograph with the above information drawn in

REAR PROPERTY LINE



FRONT (STREET FRONTAGE)