Solar Permit Application

In accordance with local ordinances and the 2020 NEC.

Address of Project: _____

Owner Name: _____ Phone: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner E-Mail: _____

Contractor Name: _____ Phone: _____

Company Name: _____

Contractor Address: _____ City: _____ State: _____ Zip: _____

Sub-Contractor Name: _____ Phone: _____

***All contractors and sub-contractors MUST be registered with the city prior to receiving a permit. ***

Description of work to be Performed: _____

_____

_____

_____

_____

_____

_____

Project Valuation: _____ Permit: _____

***** A permit/inspection fee must be paid by registered contractor or property owner BEFORE any work can be performed or any inspection will occur. *****

This certifies that on this date application was made for permit with the City of Aubrey, and by this signature, the applicant agrees to comply with all applicable codes, amendments, and city ordinances.

Authorized Signature: _____ Date: _____