TOWN OF PLATTSBURGH
SOLAR PANEL ARRAY PERMIT APPLICATION

Date Submitted: _____ **Tax Map #:** _____ **Permit number:** _____

Date Approved: _____ **Zoning District:** _____ **Date Permit Paid:** _____

Date Denied: _____ **ZBA or PB Approval:** _____ **Bldg Permit Fee:** _____

Application is hereby made to the Code Enforcement Officer for the issuance of a Building Permit pursuant to all applicable codes, ordinances, and Laws regulation the governing solar panels array within the boundaries of the Town of Plattsburgh at the following location.

ADDRESS OF THE PROPERTY: _____

1) Applicant: Name _____ Phone # _____

Address _____ City _____ St____ Zip _____

Email Address: _____

2) Property Owner (only use-if different than Applicant)

Applicant: Name _____ Phone # _____

Address _____City_____ St____ Zip_____

4) Property Use: Residential _____ Commercial _____ Proposed Change of Use _____

5) Site Location of Project:

_____

A Plot Plan	( ) is attached	( ) is not attached
Floor Plans	( ) are included	( ) are not included

SOLAR ARRAY INSTALLATION INFORMATION

Is the Solar array leased, owned or under PPA: _____

Ground or Roof Mounted: _____ If Ground Mounted, Plot Plan is required for setbacks

PV System Size: Electric: _____ Kilowatts / Water: _____Gallons

Module Warranty Term: _____

PV System Age: _____

Array Tilt: _____

Array Azimuth: _____

Inverter Size: _____

Number of Inverters: _____

Age of the Inverter: _____

Inverter Replacement Cycle: _____
(or Inverter Warranty Term)

6. Estimated Value ($) of all work, include all material & labor costs of the proposed work (even if the property owner is doing the work): _____

7. Is the Owner doing all work?

Yes _____ (Allowed, if homeowner lives at residence and property is not commercial. A Notarized form must be filled out)

No _____ (Complete question #14 and mail or fax: Insurance & NYS Worker Compensation Certificates)

8. General Contractor:

Business Name _____ Phone # _____

Address _____ Phone # _____

Include: Liability, Worker's Compensation (If no workers comp needed, You **MUST SUBMIT A WAIVER** from NEW YORK STATE WORKERS COMPENSATION BOARD, by contacting them at 518-462-8880 Toll Free 877-632-4996 or email the Board: general_information@wcb.state.ny.us)

9. Submit 3rd Party Electrical Agency's Name _____

STATE OF NEW YORK)

SS:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

_____

Signature of Owner or Designated Agent

_____

Print Name

Sworn to this _____ day of _____, _____

_____

Notary Public

I am authorizing _____ to act as agent with regard to the above matter. This agent has been contracted by me to perform the work for which the application is being submitted. The agent, _____, being duly authorized to perform such work, has insured that all workmen employed at this site will be covered by contract or compensation insurance and that all work will be performed in accordance with all existing State Laws and Local Ordinances. Further, I state that all submitted information is true and correct to the best of my knowledge.

_____

Signature of Applicant

_____

Signature of Agent

_____

Notary Public

FOR USE BY CODE ENFORCEMENT OFFICER ONLY.

( ) Permit for use

( ) Approved

( ) Denied – Not in conformance with the following provision(s) of the Town of Plattsburgh Zoning Ordinance: _____

_____

_____

( ) Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments: _____

_____

_____

Date _____ By: _____

PL

Rear Yard
Setback

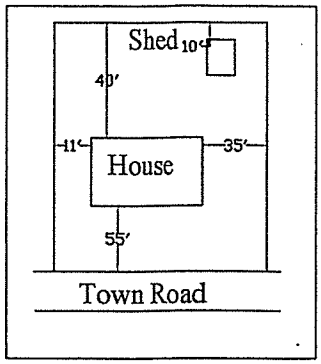
Side
Yard

Side
Yard

PL

Property
Line (PL)

Front Yard
Setback



Plot Plan
Example

Road Name_____

Building Permit
Plot Plan