



# Town of Rockvale

2021 International Residential Building Code



## SOLAR APPLICATION

Owner:	Contractor:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Gate/Combination Lock:	License #
<b>Construction Address:</b>	
Structure(s) to be solar: <i>(please list all structures)</i>	
Roof mount ( ) Ground mount ( )	
Will any of the roof decking be replaced?	

Signature of Applicant: \_\_\_\_\_ Date Applied: \_\_\_\_\_

### OFFICE USE ONLY

Schedule #:	Valuation \$:		
<b>PERMIT #: BP-</b>			
<b>Solar permits are valid for 180 days--no renewals</b>			
<b>*PROPERTY OWNER: Engineered Plans for roof mount or ground mount are required</b>			
<b>*A request for final inspection shall be made within 10 days of job completion</b>			
<b>*Orange Permit Card must be returned to Town Hall</b>			
<b>*A ladder or other means of access MUST be on site for all inspections</b>			
<b>FEES:</b>	Permit:\$	G&P Fee:\$	Method of payment:
	Violation:\$	Total:\$	Receipt #:
<i>By signing this application form I hereby certify that all answers contained herein are true and accurate to the best of my knowledge. I further agree to comply with applicable statutes, rules and regulations of this jurisdiction, and agree that any violation of said statutes, rules and or regulations may result in the revocation of this permit.</i>			
Application Accepted:		Accepted Date:	
Building Inspector Approved By:		Approval Date:	
Board Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		Approval Date:	
<b>NOTES:</b> <i>The building permit (s) shall be at the construction site at all times. Failure to comply may result in a Re-inspection fee and/or delay in issuance of certificate of completion. Each structure must have an approved final Inspection to be considered complete. Request inspections by calling the inspection line at (719) 784-4125.</i>			