

VILLAGE OF PRINCEVILLE
206 N. WALNUT ST. (309) 385-4765

SOLAR ENERGY EQUIPMENT PERMIT APPLICATION

APPLICANT:	CONTRACTOR:
Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:

ENGINEER:	GENERAL INFORMATION:
Name:	Parcel ID No:
Address:	Parcel Address:
City, State Zip:	Zoning:
Phone:	Construction Cost:

USE TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Nonresidential accessory <input type="checkbox"/> Nonresidential principal	STRUCTURE TYPE: <input type="checkbox"/> Roof mounted <input type="checkbox"/> Ground mounted: Height at max tilt _____
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SOLAR EQUIPMENT INFORMATION:

SYSTEM TYPE: (check all that apply) <input type="checkbox"/> Fixed system <input type="checkbox"/> Tracking system (circle one): Dual axis / Single axis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Includes battery bank	SYSTEM SIZE: (provide all criteria) # of panels: Total panel area: kW per panel: Total kW (output):
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STANDARDS FOR GROUND MOUNTED EQUIPMENT ONLY:

SETBACKS: (at minimum tilt) Front: Side: Rear:	FENCE PROVIDED: Yes or NA Lock boxes: Yes or NA Warning signs: Yes or NA Height:	DECOMMISSIONING PLAN: Provided: Yes or NA Security type: Amount:
Horizontal distance to nearest principal residential dwelling not on same parcel? _____ feet		

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

APPLICANT/APPLICANT'S AGENT

DATE

For office use only:

Date Filed: _____

Filed By: _____

Side setbacks: _____

Structures on property: _____

Rear setbacks: _____

Zoning case required: _____

YES / NO

Road type/setbacks: _____

Permit # _____

Local State Township Primary CH Non-Primary CH