

Solar Energy Systems Permit Application

CITY OF EMMETT

601 E 3RD ST EMMETT ID 83617

(208) 365-9569 x6

Date Applied _____ Project Address _____

Legal Description- Lot Block Subdivision _____

Owner _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-Mail: _____

Contractor _____ Registration # _____ Phone _____

Address _____ State _____ Zip _____

E-Mail _____

Photovoltaic Panel Type:

Roof-mounted Panels

Ground-mounted Panels

Roofing Type

- Asphalt Shingles Built-up
- Fiberglass Shingles Modified bitumen
- Wood Shakes
- Metal
- Clay Tile Other _____

Declaration Applicant hereby certifies that the information contained in the application is true and correct.

Owner or Owners Authorized Agent

Date

OFFICE USE ONLY

THERE IS A NON-REFUNDABLE \$100 DEPOSIT FOR ALL SOLAR PANEL APPLICATIONS

Assigned Permit Number _____

DEPOSIT PAID