

City of Independence Kansas

120 North 6th Street, Independence, KS 67301 www.independenceks.gov



RESIDENCIAL SOLAR PANEL INSTALATION PERMIT APPLICATION

Date _____

PERMIT No

Applicant _____

P.O.C. (Name/Position) _____

Email _____ Phone _____

License _____ Type _____

Project site address _____

Project owner _____

Address if different from project _____

Email _____ Phone _____

Total project cost \$ _____ Permit fee \$ _____

Roof type and material _____

Number of stories (include halves) _____ Roof pitch (estimated) _____ - _____

Estimated roof surface _____ sq ft Number of panels _____

Size of panels _____ by _____ % of the roof covered _____ %

Brand of panels _____ Warranty _____

Provided by _____

Type of panels _____ Estimated output _____

Would the wiring be inside the roof? _____ Yes _____ No If not, type of conduit to be used _____

Attaching and/or anchoring method _____

Inverter brand and capacity _____

Would you provide a comprehensive warranty for the entire system? _____ If not, who would _____

Plans submitted in PDF _____ Paper _____ Email _____ Other _____

Engineer certification PDF _____ Paper _____ Email _____ Other _____

Every Permit _____

If using external service providers for the construction and electrical scopes of the project, please provide their information including a phone number.

Contractor _____

Electrician _____

Other _____

Applicants signature and date _____

FOR USE OF CITY OFFICIALS ONLY

APPROVED ____/____/____ **BY**

BUILDING INSPECTOR

FEES PAID ____ **IN** _____ **DATE** ____/____/____

CITY CLERK

