

**TOWN OF MORRISTOWN
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 Morristown 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: _____

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

4) 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: _____

PV System Size: _____

Module Warranty Term: _____

PV system Age: _____

Array Tilt: _____

Array Azimuth: _____

Inverter Size: _____

Number of Inverters: _____

Age of Inverters: _____

Inverter Replacement Cycle: _____
(or Inverter Warranty Term)

5) Estimated Value (\$) of all work, included all material & labor costs of the proposed work (even if the property owner is doing the work): _____

6) Is the Owner doing all the 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 Certificate)

7) 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 WORKERS COMPENSATION BOARD, by contacting them @ 518-462-8880 Toll Free 877-632-4996 or email the board: general_information@web.state.ny.us)

8) Submit 3rd Party Electrical Agency's Name: _____

STATE OF NEW YORK)

SS:

COUNTY OF ST. LAWRENCE)

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 Applicant/Property Owner

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 contacted 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 Ordinance. 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 Morristown Zoning

Ordinance: _____

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

Comments: _____

Date: _____ By: _____