

SPR # _____

CASE # _____

RESIDENTIAL GROUND MOUNT SOLAR
BUNCOMBE COUNTY PERMIT APPLICATION

Site Location: _____

PIN # _____

Subdivision/Park Name: _____

Lot # _____

Ridge Law _____

Directions: _____

Permit Type: Ground Mount Solar

Project Description: _____

Type of Work: Ground Mount Solar Installation (engineering required)

Use of Property: (Circle One) Owner Occupied Rental Sale

Total Cost of Project: \$ _____ **Height of Solar Array** _____

Owner: _____ **Phone #** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Applicant: _____ **Phone #** _____

Applicant email address: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Contractor: _____ **NCGC LIC #** _____ **Phone #** _____

Sub-Contractors: Electrical _____ **State Lic #** _____

Mechanical _____ **State Lic #** _____

Plumbing _____ **State Lic #** _____

Other _____ **State Lic #** _____

Lien Agent: _____

UTILITIES: CIRCLE APPLICABLE TYPE(S)

ELECTRIC: **DUKE ENERGY** **DUKE PROGRESS** **HAYWOOD EMC** **FRENCH BROAD EMC**

SEWER: **NEW / EXISTING** **SEPTIC** **MSD SEWER** **OTHER** _____

Notify Power Company: Yes No **Duke Energy Premise #** _____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Applicant Signature

Date

Printed Name