

RESIDENTIAL SOLAR PERMIT APPLICATION

GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802 Fax: (502)863-4169

E-mail: Inspector@georgetownky.gov

Project Address:		
Subdivision:	Lot Size:	
Owner Name:	Owner Phone:	
Owner Address:		
Owner Email:		
Roof Mount Array <input type="checkbox"/> Ground Mount Array <input type="checkbox"/>		
Construction Cost: \$		
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Contractor Information		
Company name:		
Contact name:		
Phone:	Email:	
Structure Dimensions		
Length:	Width:	Height:
Rafter Sizes:		Truss Top Cord Size:
Square Footage Array Calculations		
Total Sq/Ft Mount Area:		
Ground Mount Area must meet all planning and zoning set-back requirements. Site plan required.		
Permit Fee		
Fast Track (Reviewed within 24 hrs)	\$100	
SOLAR ARRAY PERMIT FEE		\$150
TOTAL PERMIT FEE		\$
Acknowledgement		
Applicant Signature _____ Date _____ I certify that all information contained in this application is accurate to the best of my knowledge and that a complete set of construction documents has been included with my application.		

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OFFICE USE ONLY: PLAN REVIEW	
Permit #	
Date Received:	Jurisdiction: G SC SG Sadie.
Receipt #:	Check # _____ CASH CC
Flood Plain Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zone:	Setbacks: F- S- R-
Use Group: U-R	Const. Type:
Plan Reviewed by:	Date: