

RESIDENTIAL SOLAR PERMIT APPLICATION

[GEORGETOWN/SCOTT COUNTY BUILDING INSPECTION](#)

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: Inspector@georgetownky.gov

Project Address:		Lot # or Size:
Select one of the following: 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"/>		
Owner name:		
Owner address:		
Owner phone:		
Owner email:		
Owner email:		
Contractor Information		Workers Comp: Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>
Company name:		
Contact 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		
SOLAR ARRAY PERMIT FEE		\$200
TOTAL PERMIT FEE		\$
Fast Track (Moves to front of plan review que.) Double permit fee.		
TOTAL PERMIT FEE		\$

RESIDENTIAL SOLAR PERMIT APPLICATION

GEORGETOWN/SCOTT COUNTY BUILDING INSPECTION

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: Inspector@georgetownky.gov

Acknowledgement	
<p>Applicant Signature _____ Date _____</p> <p>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.</p>	
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: