

# COMMERCIAL SOLAR PERMIT APPLICATION

[GEORGETOWN/SCOTT COUNTY BUILDING INSPECTION](#)

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: [Inspector@georgetownky.gov](mailto:Inspector@georgetownky.gov)

<b>Project Address:</b>		Lot # or Size:
Select one of the following: <b>Roof Mount Array</b> <input type="checkbox"/> <b>Ground Mount Array</b> <input type="checkbox"/>		
Construction Cost: \$		
<b>Applicant Information</b>		
Applicant is:    Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Owner name:		
Owner address:		
Owner phone:		
Owner email:		
Owner email:		
<b>Contractor Information</b>		Workers Comp:    Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>
Company name:		
Contact name:		
Contact name:		
Phone:		
Email:		
<b>Structure Dimensions</b>		
Length:	Width:	Height:
Rafter Sizes:		Truss Top Cord Size:
<b>Square Footage Array Calculations</b>		
Total Sq/Ft Mount Area:		
*Ground Mount must meet all planning and zoning requirements. Development plan required.*		
<b>Permit Fee</b>		
Cost Fee Schedule		\$
Plan Review Fee		\$
<b>TOTAL PERMIT FEE</b>		<b>\$</b>

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## 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.

## OFFICE USE ONLY: PLAN REVIEW

Permit #

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