

**TOWN OF TOPSHAM
PHOTOVOLTAIC SYSTEM
ROOF or GROUND MOUNTED
PERMIT APPLICATION**

Date: _____

Site Address: _____

Property Use: _____

Property Owner: _____

Applicant: _____

• Applicant Mailing Address: _____

• Email: _____ Phone: _____

Electrician: _____ License #: _____

Distance to Property Lines (Ground Mounted Only) Front _____ Side _____ Rear _____

PROJECT DESCRIPTION

Total area of solar panels: panel size in square feet X number of panels = _____ SF

I HERBY CERTIFY THAT: THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AGREE TO COMPLY WITH ALL TOWN ORDINANCES AND LAWS APPLICABLE TO THIS PROJECT; I AM OR LEGALLY REPRESENT THE OWNER OF THE SUBJECT PROPERTY FOR THE PURPOSE OF OBTAINING THIS PERMIT

Applicant Signature: _____ **Printed Name:** _____

FOR OFFICE USE ONLY

PERMIT #: EL _____

VISION

Map: _____ Lot: _____ Lot Area: _____

Panel Area X 1.5 cents = _____ or \$30 minimum FEE: _____

Zone: _____ Zoning Use _____

APPROVED / DISAPPROVED; CEO SIGNATURE: _____ DATE: _____

Permit Conditions / Comments:

Plan Review Checklist

Submit Construction Documents Detailing:

- Compliance with IRC or IBC 2015 as applicable
- Compliance with NFPA-1 2018
- Compliance with NEC 2020

Additional Submission for Ground Mounted systems that are not accessory to another use;

- Detail compliance with Town Code chapter 225 section 60.19