TOWN OF TOPSHAM
PHOTOVOLTAIC SYSTEM
ROOF or GROUND MOUNTED
PERMIT APPLICATION

Date: _____

Site Address: _____

Property Use: _____

Property Owner: _____

Applicant: _____

- Email:_____ Phone: _____

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. I FURTHER ATEST THIS PROJECT WILL COMPLY WITH MAINE UNIFORM BUILDING AND ENERGY CODE, FIRE PREVENTION CODE OF THE STATE OF MAINE, AS WELL AS WITH ALL OTHER APPLICABLE STATUTES OR RULES OF THE STATE AND ALL APPLICABLE ORDINANCES, ORDERS, RULES AND REGULATIONS IN EFFECT AT THE TIME THE PERMIT WAS ISSUED.

Applicant Signature: _____ Printed Name: _____

Electrician Certification:

I certify that the photovoltaic system referenced under this permit will be designed and installed in compliance with the Electrical Installation Standards of the State of Maine.

Signed: _____ Date: _____

Printed Name: _____

- ☐ I am a Maine licensed electrician, License number #_____

Subject to the Electrical Installation Standards of the State of Maine: Maine licensed electricians are considered Qualified Personnel meeting article 690.4 (C). Installation and certification by the electrician is found to satisfy requirements for inspection and upon receipt of this document the project is found to be complete and closed; no additional local inspection will be conducted.

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: