



Village of Tremont

211 S. Sampson St., P.O. Box 144, Tremont IL 61568

Phone: (309)925-5711 Fax: (309)925-3635

RESIDENTIAL SOLAR PANEL INSTALLATION APPLICATION

PROPERTY OWNER NAME & ADDRESS

PHONE: _____

EMAIL: _____

CONTRACTOR NAME & ADDRESS

PHONE: _____

EMAIL: _____

APPLICANT NAME & PHONE: _____

PROJECT INFORMATION

TYPE OF SYSTEM: _____

BUILDING TYPE: ___ DWELLING ___ ACCESSORY STRUCTURE ___ OTHER (specify)

TOTAL WEIGHT OF PV MODULE AND RAILS ON ROOF: _____ LBS.

DISTRIBUTED WEIGHT OF PV MODULES: _____ LBS.SQ. FT. NUMBER OF KW: _____

The authorized applicant/property owner's signature below hereby attests: Owner/Applicant attests that all information contained herein, and accompanying documents are true and correct, and all Plans are in compliance with all applicable Codes and Ordinances of the Village of Tremont; If the scope of work is modified, the Owner/Applicant shall contact the Village of Tremont.

Signature: _____ Date: _____

Zoning Officer: _____ Date: _____