inspection office to schedule each inspection.

## Solar Photovoltaic Permit Application

Phone: 706-275-7474 Fax: 706-275-7443

Residential Commercial Accessory			Date: Permit #:			
New Existing Parc			el #:			
Site Address:						
Owner:				Phone Number:		
Contractor:					Phone Number:	
Contractor Mailing Address:			Contractor Email:			
Electric Contractor:				Phone Number:		
Electric Contractor Address:			Electric Contractor Email:			
GA State Electrical License #:						
Description of work:						
Cost of Installation:	K.W. of System:	# of Modules:		Amperage of Service:		Power Company:
Required Information Checklist:						
□ Solar Panel Design Drawing w/ Product Data □ Structural Evaluation Letter						
☐ Interconnection Agreement Letter ☐ Electrical Contractor License Information						
Completed Solar Photovoltaic Application						
Application will not be reviewed without <u>ALL</u> items. <u>ALL</u> items must be submitted at same time. We will not save incomplete submittals.						
REINSPECTION FEE OF \$35 REQUIRED AFTER 2 <sup>ND</sup> FAILED INSPECTION						
<ul> <li>NOTICE:</li> <li>All contractors and sub-contractors must be licensed by the state of Georgia and must provide appropriate documentation in accordance with current state licensure procedures.</li> <li>The contractor is responsible for all work to be in compliance with current state codes and ordinances, whether or not any deficiency is found or known by the building inspection department.</li> <li>All inspections require 24-hour notice. NO inspections will be scheduled through inspectors. Please call the</li> </ul>			I hereby authorize officials of Whitfield County to enter any premises for which this permit is issued. I hereby acknowledge that the granting of a permit does not give authority to violate any laws or codes governing construction performance. I certify that all information contained herein is correct and true to the best of my knowledge.  PLEASE SIGN & DATE:			

Owner/Contractor/Authorized Agent

Date