

COMMERCIAL ROOF MOUNTED SOLAR
BUNCOMBE COUNTY PERMIT APPLICATION

Site Location: _____ PIN # _____

Directions: _____

Permit Type: Roof Mounted Solar

Project Description: _____ **Use of Property:** Owner Occupied Rental Sale

Total Square Footage of Building _____

Building Number of Stories _____

Height of Building _____

Owner: _____ **Phone #** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Applicant _____ **Phone #** _____

Applicant email address: _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Contractor: _____ **NCGC LIC #** _____ **Phone #** _____

Sub-Contractors: Electrical _____ **State Lic #** _____

Mechanical _____ **State Lic #** _____

Plumbing _____ **State Lic #** _____

Fuel Piping _____ **State Lic #** _____

Other _____ **State Lic #** _____

Lien Agent Name: _____

Building Contract Cost _____

Electrical Contract Cost _____

Mechanical Contract Cost _____

Plumbing Contract Cost _____

Sprinkler Contract Cost _____

OTHER _____

TOTAL CONTRACT COST _____

UTILITIES: CIRCLE APPLICABLE TYPE(S)

ELECTRIC: Duke Energy Progress Duke Power French Broad EMC Haywood EMC

Notify Power Company: Yes No

Duke Energy Premise # _____

The undersigned hereby certifies that he/she is the contractor and authorized agent of the owner and the above information is correct to the best of his/her knowledge and hereby makes application for a permit and inspection of work described above. All work will be done in accordance with all applicable Federal, State and local laws and regulations and that it is understood that this permit will expire if work is not commenced and inspected within six months of the date of issue. This permit will also expire if work stops at any time for 12 months or more and no inspections are performed to verify work in progress.

Applicant Signature

Date

Printed Name