

**TOWN OF CHAZY**  
**SOLAR PANEL ARRAY PERMIT APPLICATION**

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Date Submitted: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ Permit number: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Date Permit Paid: \_\_\_\_\_  
Date Denied: \_\_\_\_\_ ZBA or PB Approval: \_\_\_\_\_ Bldg Permit Fee: \_\_\_\_\_

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Application is hereby made to the Code Enforcement Officer for the issuance of a Building Permit pursuant to all applicable codes, ordinances, and Laws regulating the governing of solar panel arrays within the boundaries of the Town of Chazy at the following location:

ADDRESS OF THE PROPERTY: \_\_\_\_\_

1) Applicant: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_

2) Property Owner (if different than Applicant)  
Applicant: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

4) Property Use: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Proposed Change of Use \_\_\_\_\_

5) Site Location of Project: \_\_\_\_\_

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A Plot Plan ( ) is attached ( ) is not attached  
Floor Plans ( ) are included ( ) are not included

**SOLAR ARRAY INSTALLATION INFORMATION**

Is the Solar array leased, owned or under PPA: \_\_\_\_\_

Ground or Roof Mounted: \_\_\_\_\_ If Ground Mounted, Plot Plan is required for setbacks

PV System Size: Electric: \_\_\_\_\_ Kilowatts / Water: \_\_\_\_\_ Gallons

Module Warranty Term: \_\_\_\_\_

PV System Age: \_\_\_\_\_

Array Tilt: \_\_\_\_\_

Array Azimuth: \_\_\_\_\_

Inverter Size: \_\_\_\_\_

Number of Inverters: \_\_\_\_\_

Age of the Inverter: \_\_\_\_\_

Inverter Replacement Cycle: \_\_\_\_\_  
(or Inverter Warranty Term)

6. Estimated Value (\$) of all work, include all material & labor costs of the proposed work (even if the property owner is doing the work): \_\_\_\_\_

7. Is the Owner doing all work?

Yes \_\_\_\_\_ (Allowed, if homeowner lives at residence and property is not commercial. A Notarized form must be filled out)

No \_\_\_\_\_ (Complete question #14 and mail or fax: Insurance & NYS Worker Compensation Certificates)

8. General Contractor:

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Include: Liability, Worker's Compensation (If no workers comp needed, You **MUST SUBMIT A WAIVER** from NEW YORK STATE WORKERS COMPENSATION BOARD, by contacting them at 518-462-8880 Toll Free 877-632-4996 or email the Board: [general\\_information@wcb.state.ny.us](mailto:general_information@wcb.state.ny.us))

9. Submit 3<sup>rd</sup> Party Electrical Agency's Name \_\_\_\_\_

STATE OF NEW YORK)

SS:

COUNTY OF CLINTON)

Deponent, being duly sworn, says that he (she) is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances. I further state that all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner or Designated Agent

\_\_\_\_\_  
Print Name

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

I am authorizing \_\_\_\_\_ to act as agent with regard to the above matter. This agent has been contracted by me to perform the work for which the application is being submitted. The agent, \_\_\_\_\_, being duly authorized to perform such work, has insured that all workmen employed at this site will be covered by contract or compensation insurance and that all work will be performed in accordance with all existing State Laws and Local Ordinances. Further, I state that all submitted information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Notary Public

**FOR USE BY CODE ENFORCEMENT OFFICER ONLY.**

( ) Permit for use

( ) Approved

( ) Denied – Not in conformance with the following provision(s) of the Town of Chazy Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_

( ) Denied – Does not meet New York State Fire Prevention and Building Codes.

Comments: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ By: \_\_\_\_\_

PL

Rear Yard  
Setback

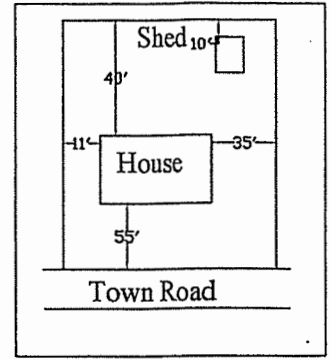
Side  
Yard

Side  
Yard

PL

Property  
Line (PL)

Front Yard  
Setback



Plot Plan  
Example

Road Name \_\_\_\_\_

# Building Permit Plot Plan