

# SOLAR PERMIT

**CHARTER TOWNSHIP OF FLUSHING**  
6524 N. Seymour Road  
Flushing, Michigan 48433  
810-659-0800 Fax 810-659-4212

Receipt # \_\_\_\_\_  
Date: \_\_\_\_\_  
Permit Fee: \_\_\_\_\_  
Initial: \_\_\_\_\_

## APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS.

Parcel # \_\_\_\_\_

Estimated Value of Project \$ \_\_\_\_\_

### LOCATION OF PANELS

STREET LOCATION: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

### GENERAL REQUIRED INFORMATION:

**OWNERSHIP:**  Private Residential  Public  Private Commercial

LOT SIZE: \_\_\_\_\_

LOT FRONTAGE: \_\_\_\_\_

# OF PANELS: \_\_\_\_\_

TOTAL SQ FT OF PROJECT: \_\_\_\_\_

PANEL HEIGHT: \_\_\_\_\_

PANEL LENGTH & WIDTH: \_\_\_\_\_

### IDENTIFICATION OF APPLICANT

APPLICANT IS RESPONSIBLE FOR ALL FEES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION:

**OWNER OR LESSEE:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**BUILDERS LICENSE #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF MICHIGAN, GENESEE COUNTY AND THE TOWNSHIP OF FLUSHING, ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SITE PLAN: USE BELOW SPACE OR ATTACH SITE PLAN**

LABEL STREETS

LABEL FRONT YARD LINE

LABEL SIDE YARD LINES

LABEL REAR YARD LINE

EXISTING BLDGS

LABEL DIRECTION N/S/W/E

ACCURATE SQ FOOTAGE & DIMENSIONS OF TOTAL PROJECT

**\*\* INCLUDE ALL LOT DIMENSIONS & SETBACKS\*\***



**APPROVAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_