

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: _____