

ALTERNATIVE ENERGY PERMIT APPLICATION

Permit # _____

Washington County Building & Development Services

1 Government Center Place, Suite A
Abingdon, VA 24210

Phone: 276-525-1340

buildhelp@washcova.com

CATEGORY OF CONSTRUCTION

 Residential Commercial

WORK DESCRIPTION

JOB SITE INFORMATION

Job Address: _____
City/State/Zip: _____, _____, _____
Tax Map/Parcel # _____
General Contractor: _____
Project Name: _____

PROPERTY OWNER

Name: _____
Mailing Address: _____
City/State/Zip: _____, _____, _____
Phone #: (_____) _____

APPLICANT (Check if) Owner Contractor Renter

Applicant Name: _____
Phone: _____ Cell: _____
Email: _____

MECHANICS LEIN AGENT

Name: _____
Address: _____
City/State/Zip: _____, _____, _____
Phone: (_____) _____

PHOTOVOLTAIC SYSTEM INFORMATION

System Type: _____
Amps: _____ Kilowatts: _____
Load Shed Amount: _____
Fuel Type: _____
Square Footage of Structure: _____

Power Company:
AEP BVU BTES

Estimated Cost of Construction including power/fuel gas: \$ _____

Contractor Information:

Contractor Name: _____
State License Number: _____

Electrical Contractor: _____
State License Number: _____

Fuel Gas Contractor: _____
State License Number: _____

REQUIRED INFORMATION

- Two Sets of Solar Plans if hard copy or one set if electronic
- Decommissioning Plans and estimated cost
- Site Map with measurements to all property lines if ground mounted
- Engineering report if roof mounted

GENERATOR INFORMATION REQUIRED IF APPLICABLE

- Generator specification sheets
- ATS specification sheet
- One line electrical drawing with conduit sizes, and count
- Electrical load calculations

I hereby certify that I am the owner of the record herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules, and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

Applicant: _____
Signature

Date: _____

FOR COUNTY USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____
BUILDING PERMIT FEE \$ _____ ZONING COMPLIANCE FEE \$ _____ TOTAL FEE AMOUNT \$ _____
PARCEL ZONING: _____ FH DISTRICT: YES- NO- AIR SAFETY DISTRICT: YES- NO- MAG. DISTRICT: _____