



SOLAR PERMIT APPLICATION

And other Alternative Power Sources

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
417-725-5850 Fax 417-724-5750

Application Date _____

Permit # _____

PROPERTY INFORMATION

Property Address _____ Zoning _____

Subdivision _____ Phase _____ Lot # _____

OWNER INFORMATION

First Name _____ Last Name/Business Name _____

Mailing Address/City/State/Zip: _____

Phone: _____ Email _____

CONTRACTOR INFORMATION

Name _____ Company Name: _____

Mailing Address/City/State/Zip: _____

Phone: _____

Estimated Value of Improvement: \$ _____

Please submit Net Metering Agreement along with this permit. All application fees are due at the time permit is submitted. The plan review WILL be delayed until payment is made in full.

I hereby certify that the answers and other information on this application are true and correct and I have read and understand the above procedures and requirements as they pertain to city building regulations and by signing this form, acknowledge compliance with these rules.

Printed Name: _____

Signature of Applicant : _____

Date: _____

Please Submit Net Metering Agreement along with this permit.

For Office Use Only

Approved by:

Building Inspector _____ Date: _____

Notes:

City Planner: _____ Date: _____

Notes:

Fee: \$40.00