



SOLAR PERMIT APPLICATION

715 W Mt. Vernon
PO Box 725-57502
Nixa, MO 65714
417-725-5850
planning@nixa.com

Application Date: _____

Permit #: _____

PROPERTY INFORMATION

Property Address: _____

Zoning: _____

OWNER INFORMATION

Property Owner Name: _____

Phone #: _____ Email: _____

Mailing Address: _____
Street address City State Zip

SOLAR COMPANY INFORMATION

Business Name: _____ Contact Name: _____

Phone #: _____ Email: _____

Mailing Address: _____
Street address City State Zip

PLEASE SUBMIT NET METERING AGREEMENT ALONG WITH A COMPLETE PLAN SET WITH THIS PERMIT.

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: _____

OFFICE USE ONLY

OFFICE USE ONLY

Approved by Inspector: _____ Date: _____

Notes:

Approved by Planner: _____ Date: _____

Notes:

Solar Permit Fee: \$40