



**COUNTY OF TAZEWELL
DEPARTMENT OF COMMUNITY DEVELOPMENT**

11 South 4th Street, Room 400, Pekin, Illinois 61554

Phone: (309) 477-2235 Fax: (309) 477-2358 Email: zoning@tazewell-il.gov

Jaclynn Workman, Community Development Administrator

RESIDENTIAL SOLAR PANEL INSTALLATION APPLICATION

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

Phone: _____

Phone: _____

Email: _____

Email: _____

Applicant Name: _____

Applicant Phone: _____

SITE PARCEL ID NUMBER: _____

SITE 911 ADDRESS: _____

*An address MUST be applied for prior to issuance of any Permit

PROJECT COST: \$ _____ SETBACKS: Front _____ Side: _____ Side: _____ Rear: _____

PROJECT INFORMATION:

Type of System: (Check one) a Grid-Tied Photovoltaic (PV) System or a Residential Solar Thermal System

Mounting Type: Roof Ground Mount Other (specify) _____

Building Type: Dwelling Shed Barn Other (specify) _____

Is the Building Permitted Yes No If No provide reason: _____

Current Building Height: _____ Total Height with Panel: _____ Total Surface Area of PV Modules _____ sq ft

Total Weight of PV Module and Rails on Roof _____ lbs Distributed Weight of PV Module on Roof _____ lbs per sq ft

Method of and type of weatherproofing for roof penetrations (ie flashing, caulk): _____

Ground/Pole Mount System height of PV System at maximum design tilt: _____ Number of Kilowatts: _____

The authorized applicant/property owner's signature below hereby attests: Owner/Applicant attests that all information contained herein and accompanying documents are true and correct and all Plans are in compliance with all applicable Codes and Ordinances of Tazewell County; If the scope of work is modified the Owner/Applicant shall contact the Community Development Department

Signature: _____
Contractor Owner Applicant

Date: _____

Received By _____

OFFICE USE ONLY:

SUBDIVISION: _____ LOT # _____ ZONING: _____ PARCEL SIZE: _____

SIDE SETBACKS: _____ & _____

REAR SETBACKS: _____

ROAD SETBACKS AND ROAD TYPE: _____

TOWNSHIP COUNTY STATE OTHER _____

FP PERMIT: REQUIRED - # _____ N/A

VARIANCE GRANTED: YES - CASE NO. _____

SPECIAL USE GRANTED: YES - CASE NO. _____

REVIEWED BY: _____

REVIEW APPROVAL DATE: _____

DATE OF PERMIT ISSUANCE: _____

BUILDING PERMIT # _____

The following shall be submitted with the Permit Application: (check all that apply)

Site Plan

- Roof diagram identify location of solar panels
- Location of Inverters and major equipment
- Location of Roof obstructions (vents, chimneys, etc)
- Location of Main Breaker Panel
- Location of Utility Meter
- Location of AC disconnect
- Location of batteries and/or charge controllers (where applicable)
- Gross Dimensions of Structure (roof mount systems)
- Approximate layout of building or other structure (where applicable)
- Property lines, zoning and all setbacks from property lines as well as septic and well
- Trenching details: location, depth and length (where applicable)
- All existing structures, well, septic, driveways (ground mount systems)

Footing Detail (ground or pole mounted)

Roof Framing Plan (roof mounted)

Electrical Diagram and Electrical Permit - Compliant with the NFPA 70: NEC 2017

- One Line Diagram with the following:
 - The number of panels proposed
 - Voltage and kilowatt output rating of each panel
 - The total system voltage and kilowatt output
 - All conductor sizes
 - Ampacity of all overcurrent devices
 - Ampacity of any disconnects
 - Max ampacity of main electrical panel and any sub panel that is to be used
- Battery Storage – If batteries are to be used with the system for storage of electricity, indicate number, size and location of batteries. Indicate grounding of batteries to storage box or rack

Plumbing diagram and Plumbing Permit solar thermal systems) – Compliant with the State of Illinois Plumbing Code Part 890 Administrative Code

Certification/Letter from a Registered Design Professional certifying that the existing structure can support the additional gravity and wind loads of the solar energy system (roof mount systems)

Installation Manual for the mounting system (or the internet address of a web-based version)

Signed Install/Contractor Agreement (roof mount system)



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APPLICATION FOR A MECHANICAL PERMIT

Permit Type check all that apply: Electrical (EL) Plumbing (PL) HVAC (HV)

Residential: Commercial:

New Existing New Existing

Single Family Two Family Phase 1 Phase 3

PROPERTY OWNER NAME & ADDRESS

CONTRACTOR NAME & ADDRESS

Phone: _____

Phone: _____

Email: _____

Email: _____

APPLICANT NAME: _____

APPLICANT PHONE: _____

SITE PARCEL ID NUMBER: _____

SITE 911 ADDRESS: _____

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DESCRIBE WORK TO BE CONDUCTED: _____

ELECTRICAL INFORMATION:

Temp Pole Add New Wiring Remodel Service Replacement Meter Replacement HVAC

Number of Amps: _____

ELECTRICAL CONTRACTOR: _____ PHONE: _____

PLUMBING INFORMATION:

(Fixtures include: toilets, interceptors, bath tubs, drinking fountains, urinals, floor drains, wash basins, water heaters, washers, sinks, rough-ins, showers, sewage ejectors. **NOT:** dishwashers, garbage disposals, water softeners)

Number of Fixtures _____ Fire Sprinklers: # of sprinkler heads: _____ Lawn Sprinklers: # of sprinkler heads _____

PLUMBING CONTRACTOR: _____ LIC# _____ Phone # _____

Anyone other than the homeowner doing their own work must provide a copy of the State of Illinois Plumbing License

HVAC INFORMATION:

Number of Heating Units: _____ Number of AC Units: _____ Number of GEO Thermal Units: _____

Commercial only: Square Feet of Heating _____ Square Feet of A/C _____

HVAC CONTRACTOR: _____ PHONE: _____

The undersigned does hereby agree to install above noted work in compliance with the laws of the State of Illinois and with the code of Tazewell County. It is the responsibility of the permit holder/property owner to call and make arrangements for required inspections. **If a change in the contractor is needed, please inform the Department. Any changes to the scope of work may be subject to additional fees. All stand-alone permits will expire 180 days from the date of issuance.**

Signature: _____ Date: _____
Contractor Owner Applicant

OFFICE USE ONLY:

DATE OF PERMIT ISSUE: _____ BUILDING PERMIT # _____

REVIEWED BY: _____

RESIDENTIAL**Electrical Permits:**Alterations, Additions, Accessory Structures or Service
Replacement

\$45.00

Solar Energy Systems:

0-10 kilowatts (kW)

\$200.00

11-50 kilowatts (kW)

\$350.00

51-100 kilowatts (kW)

\$500.00

101-500 Kilowatts (kW)

\$1,000.00

501-1000 kilowatts (kW)

\$3,000.00

1001-2000 kilowatts (kW)

\$5,000.00