



DEPARTMENT OF
BUILDING
& ZONING

(618) 463-3550 | Fax (618) 463-2890

101 East 3rd St. | Room 104 | Alton, Illinois 62002

CITYOFALTONIL.GOV

SOLAR PERMIT BUILDING APPLICATION

DATE: _____

ADDRESS OF PROJECT: _____

RESIDENTIAL: ☐ COMMERCIAL: ☐

ROOF MOUNT: ☐ GROUND MOUNT: ☐

OWNER NAME: _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

PHONE/EMAIL: _____

INSTALLER: _____

ADDRESS: _____

PHONE/EMAIL: _____

RETAIL COST OF PROJECT: _____

ATTACH SITE PLANS, INCLUDING ALL SETBACKS ☐

ATTACH ELECTRICAL SPECIFICATIONS CALCULATIONS ☐

IF ROOF MOUNTED, ATTACH PLANS SEALED BY LICENCED STRUCTURAL ENGINEER SHOWING ROOF IS CAPABLE OF SUPPORTING DESIGN LOAD ☐

PLEASE ALLOW TWO WEEKS FOR REVIEW AND APPROVAL. IT IS THE OWNER'S RESPONSIBILITY TO VERIFY PROPERTY LINES AND UTILITIES TO ASSURE ALL SETBACKS ARE MET. SOME DISTANCES MAY NEED TO BE INCREASED DUE TO UTILITY EASEMENTS.

ALL INSPECTIONS MUST BE SCHEDULED AT LEAST 24 HOURS IN ADVANCE.

WE REQUIRE AN INSTALLER TO BE ON SITE FOR ALL INSPECTIONS.

FAILED OR NO-SHOW INSPECTIONS REQUIRE AN ADDITIONAL FEE BEFORE A RE-INSPECTION CAN BE SCHEDULED.

ADDITIONAL PERMITS MAY BE REQUIRED BASED ON THE SCOPE OF WORK.

****CALL JULIE AT 1-800-892-0123 PRIOR TO DIGGING****

****PLEASE ATTACH THE DISTRIBUTED GENERATION CERTIFICATION – THIS IS REQUIRED****

I/we hereby agree to perform the above described work in accordance with the plat, building plans and specifications submitted along with this application, and in strict compliance with all provisions of the zoning ordinance, building code and health regulations of the City of Alton, Illinois.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF OWNER (REQUIRED) _____ DATE: _____

APPROVED BY BUILDING INSPECTOR: _____ DATE: _____

APPROVED BY DEPUTY DIRECTOR: _____ DATE: _____