



# Town of Weare

Building Department  
15 Flanders Memorial Road Weare, NH 03281  
603-529-7586

<u>Office Use</u>		
MAP: _____	LOT: _____	SUB: _____
Date Received: _____		
Permit #: _____		
Fee: _____		
Cash/Check: _____		

## SOLAR PERMIT APPLICATION

### Property Owner(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Email: \_\_\_\_\_

### Contractor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Electrician Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ Email: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Property Information

911 Address: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Sub: \_\_\_\_\_ Zone:  Rural Agricultural  Residential  Village  Commercial  
 Industrial

Type of Property:  Single Family Home  Multifamily Home  Commercial  Other: \_\_\_\_\_

### Project Description

Type of Construction  New  Existing?      If existing:  Addition  Alteration?

### Type of System:

Roof Mounted  Ground Mounted    Number of panels: \_\_\_\_\_

**Ground Mount Systems:**      Is any proposed work within 50 feet of Wetland?  Yes  No

Is any proposed work within a Flood Hazard Area?  Yes  No

**\*\*\* A detailed diagram of where the solar system is to be placed on the property is required. \*\*\*\*\***

**Setbacks**

Existing

Proposed

How far back is the construction from the **front** property line

\_\_\_\_\_ ft. \_\_\_\_\_ ft.

How far back is the construction from the **rear** property line

\_\_\_\_\_ ft. \_\_\_\_\_ ft.

How far back is the construction from the **side** property line

\_\_\_\_\_ ft. \_\_\_\_\_ ft.

How far back is the construction from the **side** property line

\_\_\_\_\_ ft. \_\_\_\_\_ ft.



**Before you sign this application:**

Have you answered **all** the questions?

Have you included a set of Engineer Structural plans?

Have you included a detailed diagram of where the solar system will be placed on the property?

I agree that all work will comply with local and state codes as adopted and in accordance with any plans that have been submitted. I certify I request for the project described in this application and grant town official's permission to access my property for inspection purposes related to this project. I understand that any misrepresentation in this application, intentional or not, will invalidate approval. I understand that the project must meet all applicable state and federal and town code requirements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

\_\_\_ Approved as submitted    \_\_\_ Denied

\_\_\_ Approved with conditions: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer Signature

\_\_\_\_\_  
Date

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Inspection:

Date: \_\_\_\_\_ What was inspected: \_\_\_\_\_

Notes: \_\_\_\_\_

Date: \_\_\_\_\_ What was inspected: \_\_\_\_\_

Notes: \_\_\_\_\_

Date: \_\_\_\_\_ What was inspected: \_\_\_\_\_

Notes: \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_