

Code Enforcement Division  
100 Fifth Street  
Henderson, KY 42420 Phone:  
(270) 831-1277  
Fax: (270) 831-1271  
Email: code@hendersonky.gov

**CITY OF HENDERSON**  
**PERMIT APPLICATION**  
**Solar**

Residential  Commercial



**Please complete entire application**

**PERMIT REQUIREMENTS (May not be required for demolition)**

- Copy of recorded plat as recorded at the Henderson County Clerk's office or, if no plat is available, copy of recorded deed.
- Site plan drawn to scale showing property lines, easements, right-of-ways.
- Manufacture Installation Specification.

**CONTRACTOR REQUIREMENTS**

Henderson Occupational License Number \_\_\_\_\_  Workman's Comp \_\_\_\_\_  Affidavit \_\_\_\_\_  
 Contractor Registration Number \_\_\_\_\_

**I. Building Location**

Address \_\_\_\_\_ - OR- Subdivision Name \_\_\_\_\_  
Section \_\_\_\_\_ Lot Number \_\_\_\_\_

**II. Contact Information**

Applicant \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Building Owner \_\_\_\_\_  
(If different than  
Applicant) \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

General Contractor \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**III. Project Description**

Description of Work:  Ground Mounted  Roof Mounted (Engineer stamp required)

Is there Additional Electric Service Equipment?  None  Battery Storage System

**Location of Shutoff or Rapid Shutdown:** \_\_\_\_\_

**IV. Building Characteristics**

Kw Size \_\_\_\_\_

# of Modules/Panels \_\_\_\_\_

Est. Cost of Construction \$ \_\_\_\_\_

For Office Use	Admin Review _____	Utility Notice _____
Zone: _____	PID#: _____	Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Type: _____		Variance/CUP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction: State _____	Local _____	
Permit #:		Fee: \$ _____

**VI. Affirmation Statement**

The owner of this building and undersigned do hereby covenant and agree to comply with all the applicable regulations pertaining to building, zoning and to construct the proposed building or structure to make the proposed change or alteration in accordance with the plans and specifications submitted herewith and certify that the information and statements given on this application, drawings and specifications are, to the best of my knowledge, true and correct, and that the proposed change or alteration will not alter the existing drainage patterns.

Application by \_\_\_\_\_

*Owner or Agent's Signature*

Date \_\_\_\_\_