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City Clerk
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CITY OF BEARDSTOWN
Member of the Illinois Municipal League
SOLAR ENERGY SYSTEMS PERMIT APPLICATION
John L. Schnepfer, Zoning Administrator

Number _____ Date _____
Name of Lot Owner _____ Telephone _____
Mailing Address _____

Application is hereby made for permit to be installed at _____

Legal description of property _____

Property # _____ Lot Size _____ Zoning District _____
Name of Solar Company _____ Address of Solar Company _____
Telephone # _____ Name of Installer _____
Address of Installer _____ Telephone # _____

System KW DC _____ AC _____ Roof mount () or ground mount ()
System to be leased: Y or N Purchased: Y or N Financed for Purchase: Y or N Other _____

Drawings included: Solar Energy Plan Y or N Scaled horizontal and vertical elevations: Y or N
Decommissioning plan included: Y or N During decommissioning, components shall be removed from the site and recycled or disposed of at an appropriately licensed disposal facility.

Estimated cost _____ "For purposes of calculating total project cost, the cost of a solar system installation is based on the unadjusted value of the solar panels and labor cost to install the solar panels, without any reduction for anticipated upfront funding under the Illinois Shines program or Illinois Solar for All program, or any other credits or rebates available to reduce the cost of the project to the property owner, installation vendor, or any other party who has an interest in the project."

Permit Fee _____ Date of Payment _____

PLOT PLAN AND SPEC SHEETS (See enclosed sheets)

Ground Mount: Required minimum setbacks from lot lines: N _____ S _____ E _____ W _____

Applicant's setbacks from lot lines: N _____ S _____ E _____ W _____

Maximum height for ground mount system _____ Applicant's height of panels _____

Signature of Applicant _____

Application is approved: Y () or N ()

Signature of Zoning Administrator _____

Notes: _____