



CITY OF LOCKPORT SOLAR PANEL APPLICATION

Applicant Name: _____ Phone #: _____ E-Mail _____

Applicant Email: _____

Project Address: _____

Property Owner Name: _____

Project Description: _____

Contractor: _____

Additional Contractors: _____

Estimated Construction Value: \$ _____

Historic District: ___ Yes ___ No

Verify the following required items have been submitted with this application:

- Completed application
- Two (2) sets of drawings showing electrical configuration, wiring, grounding,
- Spec sheets and installation manuals for all major components

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport.

Signature: _____ Date: _____

For Office Use Only

Permit #: _____

Permit Fee: _____

Building Dept. Approval: _____ Date: _____

Planning Dept. Approval: _____ Date: _____

Comments: _____
