



NIAGARA COUNTY SOLAR PROJECT INSTALLATION FORM

Please have Building Permit Applicant fill out Sections 1-6, Building Inspector or Municipal Contact should complete Section 7 and submit to dawn.timm@niagaracounty.com. Niagara County will promptly review application and respond if applicant/project complies with Niagara County's Solar Panel Recycling Law.

1-PROJECT LOCATION

Name of Applicant: _____

Physical Address/Location of Installation: _____

Property Owner's First Name Last Name Title

Property Address City Zip

SBL # Block Lot Number

If more than one parcel, please include on a separate sheet.

2-EXISTING PROPERTY USE

Single Family 2-4 Family Commercial Vacant Land Accessory Structure

3-SYSTEM CAPACITY AND SOLAR PANEL MANUFACTURER

Solar PV System Size: _____ kW DC

Solar Panel Module Manufacturer: _____

Solar Panel Module Model Number: _____

Total Panel Quantity: _____

Electric Utility: _____

4-INVERTER MANUFACTURER

Primary Inverter Manufacturer: _____

Primary Inverter Module Model Number: _____

Total Inverter Quantity: _____

Presence of Micro-invertors

5-HOW IS SOLAR INSTALLATION MOUNTED?

- Roof Mounted on Residence Roof Mounted on Commercial Structure
 Roof Mounted on Accessory Building Ground Mounted

6-SOLAR INSTALLATION CONTRACTOR

Contractor Business Name

Contractor Business Address City State Zip

Contractor Contact Name Phone Number

Contractor License Number Contractor E-mail

7-MUNICIPAL CONTACT INFORMATION

Name of Individual Completing Form Title

Municipality E-Mail

Phone Number

Date Submitted

8-SOLAR PANEL MANUFACTURER COMPLIANCE: Completed by Niagara County

- Manufacturer Specified In Compliance
 Manufacturer Specified Pending Compliance
 Manufacturer Specified Not in Compliance
 Manufacturer Not Specified / Compliance Pending

Completed By:

Date:

Case Number Assigned:

QUESTIONS ABOUT THIS FORM?

Contact Dawn M Timm, dawn.timm@niagaracounty.com or 716.439.7242