



LOWER NAZARETH TOWNSHIP
 623 Municipal Drive, Suite 200
 Nazareth, PA 18064
 Ph. 610-759-7434/Fax 610-746-3317
www.lowernazareth.com

<u>TOWNSHIP USE ONLY</u>	
Permit # _____	
Received Stamp	

APPLICATION
for

Solar Photovoltaic System

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Address _____
 Subdivision Name & Lot# (If Known) _____ Tax Map Id# (If Known) _____

RESPONSIBLE PARTIES

Is This Application Being Made By The Property Owner? Yes No → If Not, Then By Whom? Tenant Contractor Other

Applicant (Company) _____ Email Address: _____
 Address _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Property Owner: _____ Email Address: _____
 Same as Applicant
 Address: _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

Proof of Worker's Compensation Insurance is **required** for Contractor!! Must be included with application! **

Contractor: _____ Email Address: _____
 Not Applicable Property Owner
 Address: _____
 Phone #: (____) _____ Alternate Phone #: (____) _____ Fax #: (____) _____

COMPLETE AS APPLICABLE:

Type of Solar Photovoltaic System

- | | |
|---|--|
| <input type="checkbox"/> Roof Mounted | <input type="checkbox"/> Solar Battery |
| <input type="checkbox"/> Ground Mounted | <input type="checkbox"/> Other _____ |

Type of Use

- Residential
 Non-Residential

Number of Panels/Description of Equipment Installation _____

Are there primary structures on this property? Yes No

Any signage proposed for the Solar System? Yes No *If Yes, the sign text and size shall be included with application for approval.*

ROOF MOUNTED SYSTEM Not Applicable

Building Type: Residential Dwelling Non-Residential Building Accessory Building

Roof Type: Flat Sloped **Height of Building to Peak of Roof** _____ Feet

Distance Between Roof and Highest Edge or Surface of System _____ inches

Sloped Roof: Highest point of system shall not exceed highest point of sloped roof. **Complies** Yes No

Flat Roof: Height of system above roof: _____ feet

Screening Plan included with application for Flat Roof Yes No

GROUND MOUNTED SYSTEM

Not Applicable

Mounted on a Slope: Yes No Percent of Slope: _____ %

Impervious Area of Ground Mounted System: _____ s.f. Vertical Clearance of System from Ground Surface _____ feet

****Ground-mounted systems shall be screened from adjoining residential uses or zones in the TD-2, TD-3, TD-4 and TD-5 zoning district.****

Zoning District _____ Adjoining Zoning District N _____ S _____ E _____ W _____

Screening plan included with application Yes No

Impervious Area of Ground Mounted System: _____ s.f.

Setback – From Use to Property Line

Total Lot Area _____ (Sq. Ft.)

Front Yard (Ft) _____

Rear Yard (Ft) _____

Left Side Yard (Ft) _____

Right Side Yard (Ft) _____

The property owner and Applicant assume the responsibility of locating all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Lower Nazareth Township or any other governing body. The Applicant certifies he/she understands all the applicable codes, ordinances, and regulations. The application, together with plans and attachments, are made part of this application by the undersigned. The Applicant and Owner also agree they are responsible for the replacement of any township road to township standards, which are damaged during the building of the permitted structure or improvement.

By signing this application, authorization is granted to any municipal representative of Lower Nazareth Township to access the above property as stated within this application at any reasonable hour; to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Lower Nazareth Township ordinances; and states that the information provided on this application by the Applicant(s) and owner(s) is true and correct to the best of their knowledge or belief. The Applicant hereby acknowledges that Lower Nazareth Township and their assigns are the sole producer of construction inspection services for Lower Nazareth Township.

~BOTH SIGNATURES REQUIRED~

SIGNATURE OF APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

Payment must be submitted in CREDIT, CASH or CHECK, payable to: "Lower Nazareth Township".

OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____ BY _____

PERMIT FEES		
Building Permit Fee or <input type="checkbox"/> Deposit	\$ _____	<input type="checkbox"/> Credit
Twp Admin & Education Fee	\$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____
Amount Paid	\$ _____	Receipt # _____
BALANCE DUE	\$ _____	<input type="checkbox"/> Credit
		<input type="checkbox"/> Cash <input type="checkbox"/> Check _____
		Receipt # _____
TOTAL BUILDING PERMIT FEE	\$ _____	
Zoning Permit Fee	\$ _____	<input type="checkbox"/> Credit
		<input type="checkbox"/> Cash <input type="checkbox"/> Check _____
		Receipt # _____