



PLANNING & COMMUNITY DEVELOPMENT
 INSPECTIONS DIVISION
 1400 SCHERTZ PARKWAY, BLDG. #1
 SCHERTZ, TEXAS 78154-1634
 (210) 619-1750
<http://schertz.com/>

SOLAR PERMIT APPLICATION
 REPAIR, REPLACEMENT OR UPGRADE

| | | |
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| JOB ADDRESS: | | |
| OWNER NAME: | ADDRESS, CITY, ST. ZIP: | PHONE: |
| CONTRACTOR: | ADDRESS, CITY, ST. ZIP: | PHONE: |
| ARCHITECT: | ADDRESS, CITY, ST. ZIP: | PHONE: |
| ENGINEER: | ADDRESS, CITY, ST. ZIP: | PHONE: |
| EMAIL ADDRESS FOR CONTACT REGARDING PERMIT: _____ | | |
| CLASS OF WORK: RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| DESCRIPTION OF WORK: | | |
| <input type="checkbox"/> ROOF MOUNT (FIRE DEPARTMENT APPROVAL REQUIRED) <input type="checkbox"/> GROUND MOUNT | | |
| ELECTRIC UTILITIES: <input type="checkbox"/> CPS <input type="checkbox"/> NEW BRUANFELS UTILITY <input type="checkbox"/> GVEC | | |
| CONSTRUCTION - COST/VALUE OF WORK: _____ | | |
| IS THIS PROPERTY WITHIN A FLOOD ZONE? YES <input type="checkbox"/> NO <input type="checkbox"/> NOTE: A FLOOD PLAIN PERMIT MAY BE REQUIRED IF APPLICABLE. | | |
| <p>NOTICE</p> <p>THIS PERMIT APPLICATION BECOMES NULL AND VOID WITHIN 6 MONTHS OF ISSUANCE. ANYONE HOLDING AN UNEXPIRED PERMIT MAY APPLY FOR AN EXTENSION, IN WRITING. PERMITS ARE NON-TRANSFERABLE FROM ONE PERSON TO ANOTHER.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.</p> <p>AS CONTRACTOR, I AUTHORIZE THE PROPERTY OWNER TO PICK UP THIS PERMIT ON MY BEHALF. I UNDERSTAND THAT WORK MAY NOT BEGIN UNTIL THE PERMIT IS POSTED ON THE JOB SITE. I ASSUME ALL RESPONSIBILTY FOR ANY PENALTY THAT MAY BE ASSESSED IF WORK IS PERFORMED WITHOUT THE PERMIT BEING POSTED.</p> <p>_____ SIGNATURE OF OWNER, CONTRACTOR OR AUTHORIZED AGENT</p> <p>_____ PRINT NAME OF OWNER, CONTRACTOR OR AUTHORIZED AGENT</p> <p>_____ DATE</p> | <p>FOR DEPARTMENT USE ONLY</p> <p>_____ APPLICATION ACCEPTED BY DATE</p> <p>_____ APPLICATION APPROVED BY DATE</p> <p>PERMIT # _____</p> <p>_____</p> | |

