



# ALTERNATIVE ENERGY SOURCES PERMIT APPLICATION

Township Staff Only:

Permit # \_\_\_\_\_

Submission Date: \_\_\_\_\_

Received by: \_\_\_\_\_

### Submission requirements/Checklist:

- Provide one (1) copy of this completed application.
- All applications must be accompanied by specifications of all equipment to be installed.
- All residential roof mounted equipment applications must be accompanied by details of the roof structure, (framing details, type of roof and lumber species, finish with ceiling or open rafters) and mounting details (unit, weight, and dimensions). Identify any other existing equipment mounted on the roof, if so, estimated, size, location, and weight.
- All commercial applications must be accompanied by drawings signed and sealed by a licensed architect or professional engineer.
- All ground mounted equipment applications must be accompanied by Manufacturer's Specifications and Installation Requirements. If no pre-engineered by Manufacturer, then the application must be accompanied by signed and sealed engineered drawings.
- The \$304.50 review/permit fee must be received by the township with the application (check or cash only).

## 1. LOCATION OF PROPOSED WORK

Parcel Site/Site Address: \_\_\_\_\_

Tax Parcel ID # \_\_\_\_\_ Lot # \_\_\_\_\_ Subdivision \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address (if different): \_\_\_\_\_

Owner Email: \_\_\_\_\_

Applicant (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address (if different): \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Contractor (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Email: \_\_\_\_\_

Design Professional (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_



**2. TYPE OF WORK OR IMPROVEMENT** *(check all that apply)*

Location:  Roof mounted  Ground mounted  Other, specify \_\_\_\_\_

Type of Installation:  New  Alteration  Repair  Other, specify \_\_\_\_\_

Use:  Residential  Commercial  Industrial  Other, specify \_\_\_\_\_

Service: Amperage \_\_\_\_\_ Phase \_\_\_\_\_ Job #: \_\_\_\_\_

Water Service:  Private  Public

**3. DESCRIBE THE WORK** *(attach documents, if needed)*

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**4. ESTIMATED COST OF CONSTRUCTION \$** \_\_\_\_\_

**5. WORKER'S COMPENSATION INSURANCE COVERAGE**

**A. The applicant is:**

*A worker within the meaning of Pennsylvania Workman's Comp Law*

YES  NO

**B. Insurance Information:**

Name of Applicant \_\_\_\_\_

Federal or State Employer ID # \_\_\_\_\_

Applicant is qualified Self-Insurer for workman's comp  YES  NO

Certificate attached?  YES  NO

Name of Workman's Comp Insurer \_\_\_\_\_

Worker's Comp Policy # \_\_\_\_\_

Policy Expiration Date \_\_\_\_\_

**C. Exemption:**

*Complete this section if applicant is a contractor claiming exemption from providing workman's comp insurance.*

The undersigned swears or affirms that he/she is not required to provide workman's comp coverage under the provisions of the PA Workman's Comp Law for one of the following reasons as indicated:

- Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this permit.
- Religious Exemption under Workman's Comp Law

**Applicant Name/Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**TOWNSHIP USE ONLY BELOW THIS LINE**

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Township Official Signature \_\_\_\_\_

Permit Number \_\_\_\_\_ Date Issued (mm/dd/yyyy) \_\_\_\_\_