



CITY OF ALVARADO SOLAR PANEL PERMIT APPLICATION

Date _____ Project Address _____

Description of work _____

Job Value \$ _____ Residential / Commercial

Home Owner / Renter:

Name _____ Phone _____

Address _____

Email _____

Property Owner:

Name _____ Phone _____

Contractor:

Company Name _____ Phone _____

Address _____

E-mail _____

Name of individual applying for permit _____

The electrician for this project must be on site during the final inspection.

I hereby certify that the information shown above is true and correct and I agree to comply with all of the applicable city codes and ordinances, the laws of the State of Texas, and the approved plot, plans and/or specifications.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Permit Number _____ Clerk _____ Permit Fee _____ Receipt # _____

Approved by _____ Date _____