

PARK COUNTY SOLAR PERMIT APPLICATION

PO Box 517 Fairplay, CO 80440

719-836-4255

building@parkco.us

Please Type or Print Legibly

Date Received: _____

Parcel No (www.parkco.org) : _____ Project Address: _____

Legal Description: Subdivision: _____ Lot: ___ Block: ___ Filing: ___ Unit: ___

(Name)

Township: _____ Range: _____ Section: _____

Applicant/Contractor: _____ Park County License No: _____

Office Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Property Owner: _____ Phone: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Checklist of required information for a Solar Permit

Initials

- ___ 1. Completed Solar Permit Application from the Building Department.
- ___ 2. If you are the contractor - a copy of the signed agreement with the property owner or the property owners signature on the Solar Permit application on Page 2.
- ___ 3. A hand drawn map, including directions on how to get to the property from Fairplay. The map should include a north arrow, all street or road names and any landmarks that may be helpful in locating the property.
- ___ 4. Submit a written plan detailing the type of solar work to be done.
- ___ 5. Submit detail of the system including Dimensions, Cut Sheets, Approved Testing Laboratory listing, Make, & Model.
- ___ 6. Ground mount Solar must include Engineered Stamped Foundation Plans to the 2012 IRC or IBC, and Plot map (See page 2)
- ___ 7. Roof mount Solar must include an Engineered Stamped Plans stating roof system is sufficient to support additional loads or specifying any required structural modifications
- ___ 8. \$200.00 Fee

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 the authority to violate or cancel the provisions of any other state or local law regulating construction, the performance of construction, zoning or sanitation requirements.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Applicant/Contractor

Date

Property Owner

Date

SECTION A. PLANNING & ZONING APPROVAL

1. Please include a plot plan at a common engineering scale showing:	
a)	The name of project, project address, a north arrow, and preparation date.
b)	The location of the driveway, roads, rights-of-way, access easements, and any parking spaces, including ADA parking, if the project is for commercial purposes.
c)	Location of the septic tank and leach field.
d)	The location and dimensions of all existing and proposed structures.
e)	Distance between all existing and proposed structures.
f)	All setback distances from each existing building(s), proposed building(s), septic tank, leach field, and well to <i>all</i> property lines (measured at 90°).
g)	Property line dimensions.
h)	Overhead utility lines.
i)	Propane tank.
j)	Any watercourses or wetlands (see the National Wetlands Inventory).
2. A recorded and current Warranty Deed showing the full legal description of the parcel. If there are multiple names on the current Warranty Deed demonstrating ownership other than in “Joint Tenancy”, all other owners on the deed must either sign this application or provide a notarized letter of authorization stating approval for the project. If the property owner is an entity other than a person(s), supporting documentation to verify who is permitted to sign for that entity will be required.	
3. Deed Requirements:	
<ul style="list-style-type: none"> • Agricultural zoned parcels less than 35 acres – a warranty deed prior to June 1, 1972 is required. • Properties not in a subdivision less than 35 acres – check for legal lot creation. 	
4. If the application is for a Retail or Medical Marijuana Establishment, please attach a copy of the applicable State and County Licenses.	

Office Use Only:

- Owner name: _____
- Deed reception #: _____ Type of Tenancy: _____
- Statement of Authority or Add'l Deed Info: _____

Mapping Research:

- Address Verification: _____
- Zone District: _____ Acreage: _____
- Fire District _____
- Ridgeline: _____
- Floodplain/Wetlands: _____
- Historical Review Comments: _____

Additional Research:

- Accela Conditions: _____
- Plat Review Comments: _____
- Certificate of Occupancy #: _____
- Notes: _____

Type of Permit: _____ **Approved by:** _____ **Date:** _____