

OLD WESTBURY SOLAR ENERGY BUILDING PERMIT.

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION FOR THE PERMIT.

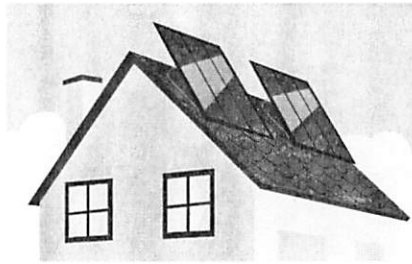
- TWO COPIES OF THE BUILDING PERMIT SPECIFYING WHAT IS BEING DONE.
- A CERTIFICATE OF OCCUPANCY FORM
- BOARD OF ASSESSORS FORM
- 2 SETS OF PLANS
- TWO COPIES OF SEALED/SIGNED ENGINEER'S STRUCTURAL REPORT.
- A ONE LINE ELECTRICAL DIAGRAM
- SPEC SHEETS OF THE SOLAR PANELS
- SPEC SHEETS OF THE INVERTER
- NASSAU COUNTY HOME IMPROVEMENT LICENSE
- CONTRACTOR'S CERTIFICATE OF LIABILITY INSURANCE.
- CONTRACTOR'S CERTIFICATE OF WORKER'S COMPENSATION INSURANCE.
- INSTALLATION MANAGER'S MASTER ELECTRICIAN'S LICENSE.
- PERMIT, CERTIFICATE OF OCCUPANCY AND PUBLIC INDEMNITY FEES.
(SEPARATE CHECKS)

The following is required if solar panels are visible from the street or in the front of the dwelling.

§ 216-154. Matters to be referred to Architectural Review Board Committee.

A. Prior to the issuance of a building permit for installation of a solar panel or panels, either freestanding or in any manner attached to any structure, the applicant shall file with the Committee a copy of the plans for the proposed solar panel installation.

Permit # _____ Permit Fee _____ Date _____ Job _____



VILLAGE OF OLD WESTBURY
APPLICATION FOR RESIDENTIAL SOLAR BUILDING PERMIT

No building permits shall be issued without proper Board resolutions.

Section: _____ Block: _____ Lot(s) _____ Date: _____

Owner's Last Name: _____ First Name: _____

Address: _____ City: _____

Home Phone () _____ Business Phone () _____

Zoning District _____ Proposed % of lot coverage _____

Certified volume _____ Total volume on plot _____

Planning/BZA approval: ()yes ()no Site Plan Review: ()yes ()no

Contact for permit: _____ Telephone: _____

Description of work: _____

Architect: _____ License# _____

Address: _____ Phone# _____

**The following must also submit General Liability
and Workman's Compensation insurance with this application.**

Contractor: _____ License# _____

Address: _____ Phone# _____

Plumber: _____ License# _____

Address: _____ Phone# _____

Electrician: _____ License# _____

Address: _____ Phone# _____