

**Town/Village of Hannibal  
Code Enforcement Office**

Drawer B  
Hannibal, NY. 13074  
Office 315-564-6037  
Cell 315-591-8318

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**Application: Solar Panel Permit**

Permit No. \_\_\_\_\_ Tax Map Number \_\_\_\_\_  
Project Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Name of Owner \_\_\_\_\_  
Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email (optional) \_\_\_\_\_

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**Required information:**

- Proof of Workers Comp. Form C-105.2 or U-26.3**
- Letter from a Professional Engineer/Registered Architect certifying that the existing structure can support the additional gravity and wind loads of the solar energy system**
- Installation manual for the mounting system**

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Provide the total system capacity rating (sum of ALL panels) \_\_\_\_\_

Solar Installation Contractor \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Contact Name \_\_\_\_\_

Indicate type, brand, model size and weight including manufacturer's specification sheet of the:  
Mounting system \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Mounting method \_\_\_\_\_

Inverters \_\_\_\_\_

Quantity \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Modules \_\_\_\_\_

Quantity \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Installation Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Official's Signature \_\_\_\_\_ Date \_\_\_\_\_