



SOLAR APPLICATION

1014 110th Ave. Amery WI 54001
715 497 3458
office@reminspecting.com

OFFICE USE ONLY	
Permit #	
Fee Total	
Payment type	
Payment Date	

MUNICIPALITY JURISDICTION VERIFICATION

Provide the name of the TOWNSHIP or VILLAGE or CITY and COUNTY this project is located in

PROJECT PROPERTY ADDRESS / OWNER INFORMATION

Project ADDRESS (Street No. and Name and mailing city)		APT/SUITE #	
Estimated project valuation cost:	ZIPCODE	Owner email:	
NAME OF OWNER		OWNER PHONE/CELL # (AREA CODE)	

APPLICANT INFORMATION

WHO IS APPLYING? Owner Agent		APPLICANT NAME:			
APPLICANT PHONE / CELL # (AREA CODE)		APPLICANT EMAIL			
BILLING ADDRESS			CITY	STATE	ZIPCODE
MASTER ELECTRICIAN LICENSE #		EXPIRY DATE	CONTRACTOR LICENSE #		EXPIRY DATE
NAME, EMAIL, PHONE OF MASTER ELECTRICIAN					
NAME, EMAIL, PHONE OF ELECTRICAL CONTRACTOR					

LOCATION OF JOB / PROJECT

Is there a current Building Permit for this project?		<input type="checkbox"/> No <input type="checkbox"/> Yes, Permit # _____			
Select the location of the work	<input type="checkbox"/> Farm <input type="checkbox"/> OTHER	<input type="checkbox"/> Public Building; Structure; Premises <input type="checkbox"/> Place of Employment	<input type="checkbox"/> Manufactured home community <input type="checkbox"/> Public Marina, Pier, Dock or Wharf	<input type="checkbox"/> Campground <input type="checkbox"/> RV Park	

PLAN REVIEW EMAIL THE ONE LINE DRAWINGS OR ELECTRICAL PLANS OF THE WORK TO BE PERFORMED, IF AVAILABLE

HAVE ELECTRICAL PLANS BEEN SUBMITTED VIA EMAIL: YES NO NO PLANS/DRAWINGS AVAILABLE FOR THE PROJECT

If plans have been submitted prior to this permit, on what date where they submitted:

PROVIDE a DESCRIPTION : include # of stings, panels, optimizers, micro-inverters, ground mount or roof mount what building type is it on, etc.

OFFICE USE ONLY: Fees

Mileage Fee per mile	Administration Fee	Inspection Fee	Other fees
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APPLICANT SIGNATURE

Wisconsin State Law, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform electrical work. Violators are subjected to fines and legal prosecution. I agree this application is only for the work described, and does not grant permission for additional or related work which requires a separate application. I hereby certify that the proposed work is authorized by the owner, and that I am authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of the State of Wisconsin and the local jurisdictions. All information on this permit application is accurate to the best of my knowledge.

SIGN	X	PRINT	X	DATE
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