

**RESIDENTIAL SOLAR INSTALLATION**

**DEPARTMENT SIGN OFF FORM**

**Property Address:** \_\_\_\_\_

Departments listed below will sign off if all guidelines and conditions are met.

**Building Dept. Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*NEED COPY OF PERMIT\*\***

**Wire Inspector Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*NEED COPY OF PERMIT\*\***

**Light Department Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_