

Town of Springfield
Application for Certificate of Compliance for a Solar Energy System

Property Owner: First Name

Last Name

Phone

Email

911 Address of Project:

Tax Parcel ID. Number

Current Use if attached to building

Free Standing / Ground mounted location

System Capacity rating sum of all panels

Solar PV Systems KW DC

Builder/Installer Name

Contact Information

Builder/Installer Address

License Number(s)

Electrician Name

Contact Information

Electrician Address

License Number(s)

Full Description of Project Attach document if more space is needed

All involved parties must read and follow Section D of Requirements for Small Scale Solar Energy Systems section of LOCAL LAW NO. 2 OF 2022 REGULATING SOLAR ENERGY and Sign below. Property Owner responsible for all permits needed for this project.

Property Owner

Builder

Electrician

Date of application: _____

Start Date of installation _____