





271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

PV System (Solar) Application

Property Owner's Name			Phone	Email	
Property Address					
Section	Block	Lot N	Jumber		
Existing Use:					
One- or Two-Family _	Townhouse	Commercial	Other		
Provide the total system cap	acity rating (sum of	all panels):			
Solar Electric System:	KW-DC				
Solar Installation Contractor and Electrical Contractor:					
Installer's Business Name				License Number	
				Installer's Phone Number	
Installer's Business Address				License Number	
Installer's Business Address Electrical Contractor's Business N	lame			License Number	
				Electrical Contractor's Phone Numb	
Electrical Contractor's Business N	address			Electrical Contractor's Phone Numb	



Metropolitan Area Building and Construction Department

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PV System (Solar) Application - (Continued)

8.	For manu	ractured mounting systems, provide the followi	ng information about the mounting system:		
a)	Mounting System Manufacturer				
b)	Product na	ame and Model Number			
c)	Total Wei	ght of Solar Electric Modules and Rails	lbs.		
d)	Total Num	ber of Attachment Points			
e)) Weight per Attachment Point (c ÷ d)lbs.				
f) Maximum Spacing between Attachment Points on a Railinches.					
g)	Total Surfa	ace Area of Solar Electric Modules (square feet) _	ft²		
h)	Distribute	d Weight of Solar Electric Module on Roof (c ÷ g)	lbs./ft²		
	Indicate q erter(s):	uantity, brand, make and model of the:			
Qua	antity	Make	Model		
Mo	dules:				
Qua	antity	Make	Model		
	ase sign belo edited proc		t you have met all of the conditions and requirements to participate in th		
Solar Installation Contractor's Signature		on Contractor's Signature	Date		