PARISH OF ASCENSION

BUILDING DEPARTMENT

Solar System Application

Please provide **ALL** the following information for review.

Date:_____ Time:_____ Applicant's Name:_____

Owners Name:_____ E-Mail:_____

Municipal Address:_____ Telephone Number:_____

Power Company:_____

Notice: Any information written on this application becomes public record.

Solar System Information

Residential____ Commercial_____

Electrical:

Size of Electrical Service: _____amps Net metering? Y N

Solar System Size: _____KW Number of Panels_____

Inverter Manufacture_____

Mounting:

On the structure_____ Independent_____

615 E Worthey Street
Gonzales, Louisiana 70737
Phone: (225) 450-1002 / Fax: CPU (225) 450-1352 / Web: www.ascensionparish.net

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Notice: All Support and Mounting designs will require Engineers Design

Contractors Performing Utility Work

Electrical:_____ Parish License #_____

To be filled out by Parish Employee

Required Documents for Plan Submittal

Site Plan_____ Structural Engineers Design_____

Electrical Diagram_____ Solar Panel information_____

D/C Equipment Information_____ **Payment Information**_____

Employee's Initials_____ **Project #**_____

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