



City of Pleasant Hope
304 E Miller Street
417-267-2112

**CITY OF PLEASANT HOPE
SOLAR PANEL PERMIT APPLICATION**

TYPE OF PROJECT: _____
Ground Mount _____ Roof Mount _____

Permit to be Issued to: _____
Property Owner _____ Contractor/Installer _____

Name of Recorded Property Owner:

Mailing Address _____
Work/Day Time Phone _____ Mobile/Evening Phone _____
E-Mail Address _____

Contractor/Installer (if other than the Owner) Name:

Mailing address _____
Work/Day Time Phone _____ Mobile /Evening Phone _____
E-Mail Address _____
Work Site Address: _____

EXACT directions to Work Site:

Utility Contractor: Electrician _____ (must be licensed in State of Missouri)
Utility Provider: _____ Electricity Provider _____

PERMIT FEE: \$25.00 -

Payable to:

**City of Pleasant Hope,
304 E Miller St
Pleasant Hope, MO 65725**

INSPECTION CHECK LIST FOR SOLAR PANELS

_____ ELECTRICAL
_____ ELECTRIC METER
_____ FINAL APPROVAL

- Permit number must remain clearly posted at the site address until construction is complete.
- Failure to do so could result in inspections not being conducted
- The permit will expire in six(6) months from date of Issuance. If work has not commenced. Permit will expire if inspection for completed work is not conducted at least every six (6).
- Any request for refund must be in writing to the City of Pleasant Hope 304 E Miller St, Pleasant Hope, MO 65725 and no refund will be granted after one hundred and eighty (180) days from issuance of permit.

NOTE OWNER RESPONSIBLE FOR ALL DEED RESTRICTIONS AND COVENANTS ***

Print name _____ Date _____

Signature _____