



Kathi Urban, Director

**COUNTY OF PEORIA**  
**DEPARTMENT OF PLANNING & ZONING**

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**SOLAR ENERGY EQUIPMENT PERMIT APPLICATION**

<b>APPLICANT:</b>	<b>CONTRACTOR:</b>
Name:	Name:
Address:	Address:
City, State Zip:	City, State Zip:
Phone:	Phone:

<b>ENGINEER:</b>	<b>GENERAL INFORMATION:</b>
Name:	Parcel ID No:
Address:	Parcel Address:
City, State Zip:	Zoning:
Phone:	Construction Cost:

<b>USE TYPE:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Nonresidential accessory <input type="checkbox"/> Nonresidential principal	<b>STRUCTURE TYPE:</b> <input type="checkbox"/> Roof mounted <input type="checkbox"/> Ground mounted: Height at max tilt _____	<b>OTHER PERMITS:</b> Electrical # _____ Erosion control # _____ Highway # _____
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<b>SOLAR EQUIPMENT INFORMATION:</b>	
<b>SYSTEM TYPE:</b> (check all that apply) <input type="checkbox"/> Fixed system <input type="checkbox"/> Tracking system (circle one): Dual axis / Single axis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Includes battery bank	<b>SYSTEM SIZE:</b> (provide all criteria) # of panels: _____ Total panel area: _____ kW per panel: _____ Total kW (output): _____

<b>STANDARDS FOR GROUND MOUNTED EQUIPMENT ONLY:</b>		
<b>SETBACKS:</b> (at minimum tilt) Front: _____ Side: _____ Rear: _____	<b>FENCE PROVIDED:</b> Yes or NA Lock boxes: Yes or NA Warning signs: Yes or NA Height: _____	<b>DECOMMISSIONING PLAN:</b> Provided: Yes or NA Security type: _____ Amount: _____
Horizontal distance to nearest principal residential dwelling not on same parcel? _____ feet		

***I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.***

\_\_\_\_\_  
 APPLICANT/APPLICANT'S AGENT

\_\_\_\_\_  
 DATE

*For office use only:*

Date Filed: _____	Filed By: _____
Side setbacks: _____	Structures on property: _____
Rear setbacks: _____	Zoning case required: YES / NO
Road type/setbacks: _____	Permit # _____
Local State Township Primary CH Non-Primary CH	