



CITY OF HAYSVILLE
Public Works Department
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Haysville, KS 67060
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permits@haysvilleks.gov

PV System (Solar) Permit Application

PROPERTY OWNER INFORMATION

Property Owner's Name:	Property Owner's Phone #:	Property Owner's Email:
Property Address:	Existing Use: ☐ One or Two-Family ☐ Townhouse ☐ Commercial ☐ Other _____	
Legal Description: Lot _____ Block _____ Addition _____		
Provide the total system capacity rating (sum of all panels): Solar Electric System: _____ KW-DC		

Solar Installation Contractor and Electrical Contractor:

Installer's Business Name:	Installer's Contractor License #:
Installer's Business Address:	Installer's Phone #:
Electrical Contractor's Business Name:	Electrical Contractor License #:
Electrical Contractor's Business Address:	Electrical Contractor's Phone #:

What is the existing roofing material?: _____

Provide methods and type of weatherproofing for roof penetrations (i.e., flashing, caulk).

Is the mounting structure an engineered product designed to mount solar electric modules? ☐ Yes ☐ No
If not, provide details of structural attachment in a letter certified by a registered design professional.

APPLICATION CONTINUES ON NEXT PAGE

PV SYSTEM (SOLAR) APPLICATION CONTINUED

For manufactured mounting systems, provide the following information about the mounting system:

Mounting System Manufacturer	Product Name and Model #:
Total Weight of Solar Electric Modules and Rails: _____ lbs	Total # of Attachment Points:
Weight per Attachment Point ($c \div d$): _____ lbs	Maximum Spacing Between Attachment Points on a Rail: _____ inches
Total Surface Area of Solar Electric Modules (square feet) _____ ft ²	Distributed Weight of Solar Electric Module on Roof ($c \div g$): _____ lbs/ft ²

Indicate quantity, brand, make and model of the:

Inverter(s): Qty: _____ Make: _____ Model: _____
Modules: Qty: _____ Make: _____ Model: _____

Items	Quantity	Each	Amount
Photovoltaic Fee		\$ 29.00	
PERMIT ISSUANCE FEE		\$ 25.00	\$ 25.00
		Total	

I/We understand that all provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not.

I/We affirm that all answers are correct and that I/we have met all the conditions and requirements to participate in this expedited process.

APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY		
Date/Time Application Received: _____	Fee: _____	Receipt #: _____