

Project Address: _____

Solar Energy System Permit Application

Permit #:	
Zone District:	
Occupancy: _	

450 West Main Street New Castle, CO 81647 Phone: (970) 984-2311

Email: permitting@newcastlecolorado.org
Website: www.newcastlecolorado.org/building

Subdivision:	Block:	Lot:	
Owner:			
Phone #:	Email Add	lress:	
Mailing address:			
Contractor:	License #:	Phone #:	
Email:			
Valuation (estimated cost of mater	rials + labor): \$		
HOA approval required? □Yes, a	pproval attached □No		
Description of work:			
All plans n	nust conform with <u>20</u>	<u>)21 ICC</u> standards.	
	READ BEFORE SIGN	ING	
The Building Official is authorized code is unresolved. A permit expirence 180 consecutive days. An extensing A permit becomes null and void afficomplete project, you must file for REMINDER – You must call for uther prevent possible fines.	res if proposed work does no on for up to 180 days may b ter 18 months from the date an extension at least 30 day	ot begin within 180 days or e granted at the building o of issuance. If more time s prior to expiration of this	is suspended for fficial's discretion. is needed to permit.
I hereby certify that I have read an	d examined this application	and attest to their truth and	d accuracy:
Signature of Contractor	 Date Siç	gnature of Owner	Date

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Permit Checklist:

Signed application with paid	permit fees			
Town of New Castle busines	ss license number, provided below			
Installation plan (per 2021 IF	RC IFC): modules/hardware/layout/	compliant access pathways		
Weight bearing capacity of t	russes			
Existing roof load				
Age of the structure				
Wind rating of racks and par	nels			
Description of mounting met	thod			
HOA Approval				
Permits for all solar devices	are subject to fee limits set forth in	Colorado HB 21-1284		
Required Inspe	ections:			
Town of New Castle Rough	ninspection			
Electrical Inspections through the State of Colorado/ DORA				
Town of New Castle Final I	nspection			
Please call Town of New Ca	astle 24hrs in advance to schedule	an inspection. 970-984-2311		
******	**************************************	**********		
Contractor:	New Castle Business License #:	Phone #: Email:		
Valuation:	Der	posit:		
Permit Fee:				
Review Fee:				
Use Tax:				
Total:	Арр	proved By: Date:		

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