

**PERMITS AND INSPECTIONS DIVISION**  
**CITY OF BOSSIER CITY**  
 620 Benton Rd. P.O. Box 5337  
 Bossier City, LA 71171-5337  
 Phone (318) 741-8571 Fax (318) 741-8854  
 www.bossiercity.org

<b>Solar System Permit</b>	
Permit Number _____	
Paid _____	
Date _____	
Approved For Permit	
By _____	

**APPLICATION ----- FOR PLAN REVIEW ----- OR ----- SOLAR SYSTEM PERMIT**

Job Location: \_\_\_\_\_ Residential \_\_\_\_\_ Com. Bldg. \_\_\_\_\_

Solar Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

To Be Installed For: \_\_\_\_\_

Total Contract Amount: \$ \_\_\_\_\_ Total Permit Fee: \$ \_\_\_\_\_

**DESCRIPTION OF WORK:**

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Type Of Roof .....	<input type="checkbox"/> Gable	<input type="checkbox"/> Hip	<input type="checkbox"/> A-Frame	<input type="checkbox"/> Flat
Solar Panels .....	Total Dimension _____		Total SF of Panels _____	
Solar Panels .....	Total Weight _____		Weight PSF _____	
Type Of Solar System.....	<input type="checkbox"/> Photovoltaic System		<input type="checkbox"/> Domestic Water Heating System	
Solar Panels .....	<input type="checkbox"/> Roof Mount	<input type="checkbox"/> Ground Mount	<input type="checkbox"/> Others	

**\* Attach All Submittal Requirements For Plan Review.**

**Certification**

I, or we, hereby make application for a permit to install a Solar System as described here on in compliance with the provisions of the National Electrical Code, and Bossier City ordinances applicable thereto.

<p>There will be no inspections done on any project prior to securing a permit.</p>
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By \_\_\_\_\_  
 (Print Name of Applicant)

By \_\_\_\_\_  
 (Signature of Applicant)

Date \_\_\_\_\_ Time \_\_\_\_\_

*Permits and Inspections Division working to keep the citizen's of Bossier City Safe.*