



# CITY OF NORTHMOOR

4907 NW WAUKOMIS DRIVE NORTHMOOR, MISSOURI 64151  
PHONE: 816-741-6071 FAX 816-587-5129 Email clerk@northmoormo.gov

## SOLAR PERMIT APPLICATION

**\$100.00 Fee**

- ❖ CERTIFICATE OF LIABILITY INSURANCE NAMING THE CITY OF NORTHMOOR AS CERTIFICATE HOLDER PROVIDED BY: ☐ ARCHITECT ☐ ENGINEER ☐ GENERAL CONTRACTOR ☐ ELECTRICAL CONTRACTOR ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER
- ❖ NO TAX DUE STATEMENT FROM THE STATE OF MISSOURI PROVIDED BY: ☐ ARCHITECT ☐ ENGINEER ☐ GENERAL CONTRACTOR ☐ ELECTRICAL CONTRACTOR ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER
- ❖ COPY OF CERTIFICATION NUMBER PROVIDED BY THE STATE: ☐ MASTER ELECTRICIAN ☐ MASTER PLUMBER

☐ NEW ☐ REPAIRS ☐ OTHER

### CONTACT INFORMATION

DATE \_\_\_\_\_ EXPIRES \_\_\_\_\_ PERMIT # \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

DEVELOPER \_\_\_\_\_

OWNER \_\_\_\_\_

ARCHITECT \_\_\_\_\_

ENGINEER \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

ELECTRICAL CONTRACTOR \_\_\_\_\_

MASTER ELECTRICIAN \_\_\_\_\_

MASTER PLUMBER \_\_\_\_\_

STATE/CONTRACTOR LICENSE #: \_\_\_\_\_

**SERVICE INFORMATION**

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

DATE TEMPORARY SERVICE REQUIRED \_\_\_\_\_

DATE PERMANENT SERVICE REQUIRED \_\_\_\_\_

PROJECT SIZE \_\_\_\_\_(sq. ft)

**MISCELLANEOUS INFORMATION**

Please give a description of your project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_