

# Village of Durand

308 W. Main Street  
Durand, IL 61024

Ph: 815/248-2606  
Fax: 815/248-2032

---

## SOLAR PANEL PERMIT APPLICATION

---

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

### Owner Information (if different)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

---

In order to obtain a solar panel permit, it is necessary to provide the following information to determine if any additional action is required by the Zoning Board.

**Scale System of Solar Panel:** Please check appropriate type. Refer to Ordinance No. 2020-4

\_\_\_ Small Scale System-\$25.00

\_\_\_ Large Scale System, less than 5 acres-\$125.00

\_\_\_ Mid Scale System-\$75.00

\_\_\_ Large Scale System, greater than 5 acres-\$250.00

Applicant must submit at minimum the following information, plus any such additional information as may be required for mid scale and large scale solar energy systems as provided for in Sections 7-108 and 7-109:

- Site plan of proposed solar system.** Provide a detailed sketch, generally to scale, of the entire lot, including any buildings and accessory structures, applicable setbacks, adjacent roadways and showing the location of all planned PV arrays.
- Manufacturer, type and nameplate capacity** of all photovoltaic panels to be used in the project. Also, the total nameplate capacity of the solar energy system.
- Any Interconnection Agreements.** An indication of whether the applicant has obtained an interconnection agreement with the appropriate regional transmission organization, whether the electricity will be distributed privately, or whether the electricity will be consumed on site:
- Types of mounts** – to be used (fixed or tracking).

- Height.** The maximum height of panels at maximum inclination as mounted.
- Typed of groundcover** – to be utilized for any ground mounted PV array.
- Name of Installer.**
- Zoning Inspection Certificate.** Compliance Certificate with Com Ed Approval.

---

**Office Use Only**

Property Zoned: \_\_\_\_\_ Property Pin Number: \_\_\_\_\_

Application Fee received by: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date