



Solar Permit City of Mullins, SC

(843) 464-9583
Monday - Friday
8:30 a.m. to 5:00 p.m.

cityofmullins@mullinssc.us



Permit Number: _____

Applicant: _____
Name Phone Email

Applicant's Address: _____
Street City State Zip

Owner: _____
Name Phone Email

Owner's Address: _____
Street City State Zip

Building Contractor: _____
Name Phone Email

Building Cont. Address: _____
Street City State Zip

Contractor License Number: _____ Amount\$ _____

Electrical Contractor: _____
Name Phone Email

Electrical Cont. Address: _____
Street City State Zip

Elect. Contractor's License Number: _____ Amount\$ _____

Utility Provider: Duke Energy Other _____

Property Address: _____ Building Square Footage: _____

Type of Installation: Ground Mount Roof Mount Other _____

Building Const. Type: Wood Frame Steel Frame Brick Block Other

Total Cost (Building, Electrical, Material & Labor) \$ _____

Note: The Acceptance of this application for review and the payment of fees do not constitute the approval of this application. Approval is granted only upon the receipt of a permit. THIS APPLICATION IS NOT A PERMIT.

The above statements and accomplishments and accompanying material are complete and accurate.

Print Name:

Signature:

Date:

(Applicant)

(Applicant)