



# The New Horizon

Permit Number: \_\_\_\_\_

Third-Party Plan Reviews and Inspections for Residential Home Backup power to a one-or two- family dwelling Only [Application](#)

## Project Location Information

### Project Address:

Project Owner or Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Information		Address/City/State/Zip
1) Company		Phone: _____ Email: _____
2) Company		Phone: _____ Email: _____

Type of permit		
Solar Panel	<input type="checkbox"/>	Check applicable box below:
Battery	<input type="checkbox"/>	<input type="checkbox"/> City of Rockwall Plan Review and Inspections
Backup System	<input type="checkbox"/>	<input type="checkbox"/> Third Party Plan Review and Inspection
		<input type="checkbox"/> Third Party Plan Review and City of Rockwall Inspection

**THIRD PARTY PLAN REVIEW AND INSPECTION IS CHOSEN BY SIGNING BELOW.** You are acknowledging the City of Rockwall Building Inspection department will not conduct a plan review or conduct required inspection associated with this Permit. All such actions will be performed by a third party as authorized under chapter 247 of Senate Bill 1202.

The City of Rockwall makes no representations regarding adequacy, accuracy or code compliance of any third party review or inspection. The responsibility for the code compliance, installation integrity, and any resulting failures, hazards, or damages rest solely with the third party who performs the work, The contractor or record and the statutory framework permitting such third-party process.

**I HEREBY CERTIFY THAT I AM AN AUTHORIZED AGENT OF THE OWNER** and have the owner's consent to enter onto the property to complete the work. After close review of this application, I further certify that the information provided is true and correct to the best of my knowledge, the work shall comply with all provisions of laws and ordinances, whether specified or local law regulating construction or the performance of construction.

### Signature

Your name (Printed):	Signature
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Email:	Phone:	Date:
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