



Town of Foster – Assessing Department Application for Tangible Tax Exemption – Solar Installation

APPLICANT _____ Date Submitted _____

Signature _____

Mailing _____

Address _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

(All listed owners must sign application)

Land Owner _____

Signature _____

Road _____

Town _____

State _____ Zip _____

Telephone _____

Land Owner _____

Signature _____

Road _____

Town _____

State _____ Zip _____

Telephone _____

LOCATION OF INSTALLATION

Address _____ Zoning District _____

Plat No. _____ Lot No. _____ Existing Acreage or Sq. Ft. of Lot _____

Acreage or Sq. Ft. of Installation _____

kW output of Installation _____

NOTE: This application must be submitted to the Tax Assessor at 181 Howard Hill Road, Foster RI 02825, *after* final inspection of the required building permit work.

CHECKLIST:

The applicant shall submit to the Tax Assessor all required information.

1. _____ Copies of approved building/electrical permit(s).
2. _____ Copy of installation layout and design, including component specifications.
3. _____ Copy of Tax Lien certificate.
4. _____ Copy of Title Deed, as proof of ownership.
5. _____ Contractor information (including valid registration/license #), if applicable.
6. _____ Copies of recorded Board approvals, if applicable.
7. _____ Copies of recorded easements, if applicable.
8. _____ Copy of recorded memorandum of lease, if applicable.
9. _____ Copy of recorded utility agreement, if applicable.
8. _____ Notarized Affidavit (next page)



APPLICANT'S AFFIDAVIT

I, _____, hereby certify that I am the individual responsible for the subject solar installation. I further attest that the subject solar installation, as the primary or auxiliary power system for the subject lot, will be utilized for the sole purpose of supplying the energy needs of the property on which it is located.

Telephone # _____ Email _____

Applicant's signature _____

Do Not Write Below this Line

Subscribed and sworn to me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

Received by the Tax Assessor: Date _____

Approved by the Tax Assessor: Date _____

Tax Assessor Signature _____