



SOLAR ENERGY WORKSHEET

Application No. _____

Please Type or Print Legibly in Ink. Provide Plot Plan on Back Page.

PROJECT ADDRESS, CITY AND ZIP _____

BLDG TYPE	<input type="checkbox"/> DWELLING / DUPLEX	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> POOL	SCOPE OF CONSTRUCTION	<input type="checkbox"/> NEW
	<input type="checkbox"/> APARTMENT / CONDO	<input type="checkbox"/> MIXED-USE	<input type="checkbox"/> DETACHED GARAGE		<input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION / REPAIR

<input type="checkbox"/> SOLAR WATER <input type="checkbox"/> POOL <input type="checkbox"/> WATER LINE <input type="checkbox"/> SOLAR PV	DESCRIPTION OF WORK

Cost of Construction: (Includes all materials and labor costs. This may be revised by the Building Official.) \$ _____	Revised Valuation: \$ _____	<input type="checkbox"/> CHECK THIS BOX IF WORK HAS ALREADY STARTED. Double the permit fee will be charged for legalization.
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Please check all that applies:

Battery Back up <input type="checkbox"/> Yes <input type="checkbox"/> No	Flat Roof <input type="checkbox"/> Yes <input type="checkbox"/> No
Photovoltaic <input type="checkbox"/> Yes <input type="checkbox"/> No	Roof Mounted <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Branch Circuits _____	Number of Arrays _____
Amp Service _____	Size of Water Storage Tank _____
KW (Kilowatts) _____	HP Transformer (HP = KW or KVA) _____

Check one for the primary contact	<input type="checkbox"/> APPLICANT'S NAME	MAILING ADDRESS	BUS. PHONE NO.
	E-MAIL ADDRESS		
	<input type="checkbox"/> PROPERTY OWNER'S NAME	MAILING ADDRESS	PHONE NO.
	E-MAIL ADDRESS		
	<input type="checkbox"/> LICENSED DESIGN PROFESSIONAL (ARCHITECT OR ENGINEER IN CHARGE OF THE PROJECT) INFORMATION:		LICENSE NO.
	NAME:		
MAILING ADDRESS:	PHONE NO.	LICENSE NO.	
E-MAIL ADDRESS			

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR'S NAME	COMPANY NAME	MAILING ADDRESS	PHONE NO.
E-MAIL ADDRESS			
LICENSE CLASS AND NUMBER		CONTRACTOR SIGNATURE	

STAFF USE ONLY BELOW THIS LINE

APN NO.	TRACT NO.	LOT	HIGH FIRE HAZARD ZONE Y <input type="checkbox"/> N <input type="checkbox"/>	ZONE USE 1	NAICS	OCCUPANCY	THE EDITION OF THE CODE
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STAFF COMMENTS, (INITIALS)

OK TO SUBMIT/EXPRESS BY:	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	P.C. FEE
PRINT						Y N
G.W.P. ELECTRIC	SIGNATURE	DATE	B & S ELECTRIC	SIGNATURE	DATE	ENERGY
PRINT			PRINT			Y N
FIRE	SIGNATURE	DATE	AGENCY	SIGNATURE	DATE	CAL GREEN
PRINT			PRINT			Y N
OK TO ISSUE PERMIT BY:	SIGNATURE	DATE	ACCEPTED BY:	DATE	RECEIPT NO.	ARCHIVE (Pages)
PRINT						MAX. 6
						SUPP. P.C. FEE
						Y N
						PERMIT FEE
						Y N

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE SOLAR PERMIT TO THE PROPERTY OWNER OR LICENSED CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. ANY PERSON SIGNING THE PERMIT APPLICATION AS AGENT FOR THE CONTRACTOR SHALL HAVE AN ORIGINAL LETTER OF AUTHORIZATION AT THE TIME OF PERMIT ISSUANCE. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL AND THE PLAN CHECK FEE FORFEITED TO THE CITY OF GLENDALE. UPON WRITTEN REQUEST FROM THE APPLICANT, THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION IF RECEIVED PRIOR TO EXPIRATION.

SOLAR ENERGY WORKSHEET

Job Address: _____

Permit Number: _____

INSPECTION RECORD

ITEM	INSPECTOR	DATE
FRAMING		
ROUGH WIRING		
FINAL PLUMBING		
FINAL BUILDING		
FINAL PHOTOVOLTAIC		

PLOT PLAN

NOTE: Locate all structures on the lot. Make bottom of page the street frontage

