

SANTA CLARA CITY
SOLAR PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED



Building Dept: 435-656-4690

Inspections: 435-879-5313

Fax: 435-879-5298

Date of Application:			Date Issued:		Permit No. SAC	
▼ CUSTOMER INFORMATION ▼				▼ BUILDING FEE SCHEDULE ▼		
Owner Name:			Valuation:			
Property Address:			Building Fees:		\$	
Phone #:		Email:	Plan Review Fees:		\$	
Lot #:	Subdivision:		Application Fee:		\$	25 00
Tax ID:		Service Size:	Net Meter Fee:		\$	275 00
▼ CONTRACTOR INFORMATION ▼				Maintenance Deposit:		\$ 500 00
Contractor:		State Lic. No.:	State Fee (1%):		\$	
Contractor Email:			➤➤ TOTAL:		\$	
Contractor Address:		Phone:	▼ CITY POWER DEPARTMENT USE ONLY ▼			
Contractor City:	State:	Zip:			Received	Approved
Contact Name:		Phone:	Complete Application			
▼ SOLAR SYSTEM INFORMATION ▼				Site / Facility Layout Diagram		
System Type: <input type="checkbox"/> Utility Interactive <input type="checkbox"/> Dedicated Circuit <input type="checkbox"/> Stand-Alone			Facility One-Line Diagram			
kW Installed Capacity:		kW	Net Meter Agreement			
Solar Electric Module Manufacturer:			Engineering			
Model Number:			Program Sequence Summary			
Power Rating per Module:		(DC Watts)	Type of Class:	<input type="checkbox"/> Class 1 (1 to 10 kW)	<input type="checkbox"/> Class 2 (10 to 1000 kW)	
Number of Modules:			▼ APPROVALS ▼			
Total Array Output:		(DC Watts)	Signature of Power Director:		Date:	
Conductor Type: AWG or kcmil:			Signature of Building Official:		Date:	
Number of Conductors:						
Are you installing a combiner box with fuses? <input type="checkbox"/> Yes <input type="checkbox"/> No Size:			Comments:			
Inverter Manufacturer:						
Model Number:						
Inverter's Continuous AC Name Plate Rating:		(AC Watts)	▼ SIGNATURES ▼			
Number of Inverters:			I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction and that I make this statement under penalty of perjury.			
Total Inverter Output:		(AC Watts)				
Inverter's Peak Efficiency:						
Solar Electric Array Location: <input type="checkbox"/> Rooftop <input type="checkbox"/> Pole Mount <input type="checkbox"/> Ground Mount			The Maintenance Deposit is refundable after final inspection if site is kept clean and final inspection is passed.			
Inverter Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			Signature of Contractor or Authorized Agent:		Date:	
Utility-accessible AC Disconnect Switch Location:			Signature of Owner:		Date:	
Does this system include batteries or generator backup: <input type="checkbox"/> Yes <input type="checkbox"/> No			Print Name:		Date:	