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|--|----------------------------|--|--|--|--|--|--|
| APPLICATION / PERMIT NUMBER | | SOLAR PV PERMIT APPLICATION | |  | | | |
| | | Please complete all shaded areas and submit with "wet" or certified digital signatures. | | | | | |
| Use this number when inquiring about this application | | Electronic signatures will not be accepted | | | | | |
| | | 2100 THOUSAND OAKS BLVD, THOUSAND OAKS, CA 91362 – (805) 449-2500 | | | | | |
| PROJECT ADDRESS | | USE OF BUILDING <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use | | | | | |
| APPLICANT / PERSON TO CONTACT regarding this application | APPLICATION DATE | SCOPE OF WORK <input type="checkbox"/> Roof or <input type="checkbox"/> Ground Mounted | | | | | |
| APPLICANT / CONTACT EMAIL ADDRESS | APPLICANT'S PHONE NO. | QUANTITY | DESCRIPTION | | | | |
| | | kw | System Size in AC | | | | |
| CONTRACTOR'S NAME | CITY BUSINESS LICENSE NO. | | Total Square footage of Array Area | | | | |
| | | | Number of Solar Modules | | | | |
| CONTRACTOR'S EMAIL ADDRESS | CONTRACTOR'S PHONE NO. | | Number of Inverters | | | | |
| PROPERTY OWNER'S NAME | PROPERTY OWNER'S PHONE NO. | OTHER ELECTRICAL | | | | | |
| OWNER-BUILDER'S DECLARATION I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).): <input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do all or portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.). <input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.). <input type="checkbox"/> I am exempt from licensure under the Contractors' State License Law for the following reason: By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: http://www.leginfo.ca.gov/calaw.html . Property Owner or Authorized Agent Signature _____ Date _____ | | | Sub-Panel (to 200 amps) | | | | |
| | | | Sub-Panel (201 to 1,000 amps) | | | | |
| | | | Service (up to 200 amps) | | | | |
| | | | Service (201 to 1,000 amps) | | | | |
| | | | Electric Vehicle Chargers | | | | |
| | | | Number of Batteries | | | | |
| | | kw | Battery Size | | | | |
| | | kw | Grand Total of KW AC for System and/or Batteries | | | | |
| | | | | VALUATION: | | | |
| | | | | THIS PERMIT IS TO BE ISSUED IN THE NAME OF THE <input type="checkbox"/> Licensed Contractor or <input type="checkbox"/> the Property Owner as the permit holder of record who will be responsible and liable for the construction. | | | |
| | | 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. CSLB License No _____ License Class _____ Contractor Signature _____ | | | | | |
| | | Property Owner agrees to be bound and obligated to comply with all state, federal and local laws. OWNER's Signature _____ Print Name: _____ Date: _____ | | | | | |
| IDENTIFY WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES. WORKERS' COMPENSATION DECLARATION I hereby affirm under penalty of perjury one of the following declarations: <input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy No. _____ <input type="checkbox"/> I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier: _____ Policy No: _____ Exp. Date: _____ Name of Agent: _____ Tel No: _____ <input type="checkbox"/> I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. DECLARATION REGARDING CONSTRUCTION LENDING AGENCY I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code). Lender's Name: _____ Address: _____ | | NOTE: An Appeals Board is available to the applicant if there is a disagreement with the interpretation of the code made by the Building Official. Items which can be appealed must lie within the limits of professional discretion, not specific code mandates. For further information, call (805) 449-2500. In compliance with the Americans with Disabilities Act , those needing special assistance to read this publication should contact the Building Department, (805) 449-2500. Notification will enable the City to make reasonable arrangements to ensure accessibility to the information in this publication. DECLARATION BY PERMIT APPLICANT By my signature below, I certify to each of the following: (1) I am <input type="checkbox"/> a California licensed contractor, <input type="checkbox"/> the property owner* or <input type="checkbox"/> authorized to act on the property owner's behalf**; (2) I have read this construction permit application and the information I have provided is correct. (3) I agree to comply with all applicable city and county ordinances and state laws relating to building construction. (4) I authorize representatives of this city or county to enter the above-identified property for inspection purposes. California Licensed Contractor, Property Owner* or Authorized Agent**: *requires separate verification form **requires separate verification form Signature _____ Date _____ | | | | | |