SAN CICHESTA	SOLAR PERMIT APPLICATION	Permit #	
		Job Address:	
		Tract:	APN:
Applicant/Contact		☐Single Family Residence	☐Commercial/Industrial
Name:		□Roof Mounted	☐Ground Mounted
Phone:		□Hot Water	☐Electrical Vehicle
Email:		□Elec Service Upgrade	□Load Center
DESCRIPTION OF WORK:		□Other:	□SDGE Work Order
		H of Madulas.	# of Outingings
		# of Modules:	# of Optimizers:
		# of Inverters:	KWH:
FEES:		KWH Battery:	
for 10KW or 10 ktherms = \$450		Property Owner:	
larger systems the fee will be calculated and forwarded		Address:	
to the applicant		Email:	Phone:
Permit Process:		Contractor Business Name:	
1.Submit this form to: SolarPermits@san-clemente.org		Address:	
with PDF copy of the plans and specifications.		Email:	Phone:
2.City will review plans and print one copy for the site.		State License #:	Classification:
3.Contractor will pay at the City office and pick up plan.		Engineer Name:	
4 City will return by email an approved plan set.		Address:	
		Email:	Phone:
Notes:		State License #:	Classification:
		Contact person for City to notify in case of inspection cancellation:	
		Name:	
		Email:	Phone:
At permit issua	ance:		
SIGNATUI	SIGNATURE: DATE:		