



SOLAR PERMIT APPLICATION

Permit #

Job Address:

Tract:

APN:

Single Family Residence

Commercial/Industrial

Roof Mounted

Ground Mounted

Hot Water

Electrical Vehicle

Elec Serv Upgrade

Load Center

other:

SDGE Work Order

Applicant/Contact

Name:

Phone:

Email:

DESCRIPTION OF WORK:

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 issuance:

SIGNATURE:

DATE: