



# 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:

## Contractor Business Name:

Address:

Email:

Phone:

State License #:

Classification:

## Engineer Name:

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:**