



CITY OF SANTA ANA

SOLAR PERMIT APPLICATION WORKSHEET

REV: 8/29/19

PLEASE PRINT

PROJECT ADDRESS:		SUITE:	SAPIN #	
USE OF BUILDING:	RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER
				MASTER ID#
NATURE OF WORK:		SOLAR P.V. SYSTEM	SOLAR WATER HEATING/COLLECTOR SYSTEM	OTHER
JOB DESCRIPTION :				

NUMBER OF PANELS: _____		SYSTEM KWA: _____		
BUILDING OWNER'S NAME:			PHONE NO:	
ADDRESS:		CITY:	STATE:	ZIP:
TENANT'S NAME (Comm/Ind):			PHONE NO:	
CONTRACTOR'S NAME:		STATE CONTR. #:	LICENSE CLASS:	PHONE NO:
ADDRESS:		CITY:	STATE:	ZIP:
WORKERS COMP. POLICY#:	EXP. DATE:	INSURANCE COMPANY:	SANTA ANA BUS. LIC. #:	
ARCHITECT/ENGINEER:		STATE LICENSE #:	PHONE NO:	
ADDRESS:		CITY:	STATE:	ZIP:
CONTACT NAME:			PHONE NO:	
E-MAIL ADDRESS:				

BLDG. FEE \$ _____

OCC. GROUP: _____

P/C FEE PD \$ _____

TYPE OF CONSTR: _____

VALUATION: \$ _____

SUBMITTAL DATE: _____

FLOOD ZONE: _____

PROCESSED _____

PLANNING OK TO CHECK & DATE: _____ BLDG. DEPT. APPROVAL & DATE: _____

PLNG CONDITIONS: _____