



Los Angeles County Public Works Building and Safety Division

Plan Check/Permit No. UNC- _____

Disclaimer: Permits are public records and may be posted to the Internet for Public review.

APPLICATION FOR ROOF MOUNT PHOTOVOLTAIC PERMIT / PLAN CHECK

JOB ADDRESS: _____ UNIT _____

CITY/LOCALITY: _____ APN: _____

SCOPE OF WORK:

COMMERCIAL INSTALLATION or RESIDENTIAL INSTALLATION

PROJECT VALUATION: \$ _____ TOTAL KW of SYSTEM: _____

ARRAY 1 - NUMBER OF PANELS.: _____ SQ FT OF ARRAY: _____

ARRAY 2 - NUMBER OF PANELS.: _____ SQ FT OF ARRAY: _____

PROPERTY OWNER

NAME: _____ OWNER BUILDER: YES NO

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

APPLICANT INFORMATION (if different from owner)

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

CONTRACTOR INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

LICENSE #: _____ CLASSIFICATION: _____ EXP DATE: _____ / _____

WORK COMP CARRIER: _____ POLICY #: _____ EXP DATE: _____ / _____

ARCHITECT / ENGINEER / DESIGNER INFORMATION

NAME: _____

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE/ZIP: _____ EMAIL: _____

STATE LICENSE #: _____ EXP DATE: _____ / _____

I, the applicant/owner of the property located as noted as project address, acknowledge that I am aware that if the Roof Mount Photovoltaic plans have been reviewed and I cannot obtain the necessary approvals from the other agencies, the fees paid to Building and Safety Division for plans will be forfeited. I understand that additional plan check fees will apply if the plans submitted are modified in order to obtain approvals from other agencies. Also, plan check is valid for one year; additional fees may be required after one year for renewal.

APPLICANT / OWNER SIGNATURE: _____ DATE: _____