



PHOTOVOLTAIC WORKSHEET SINGLE FAMILY DWELLING

City of Glendale Permit Service Center
633 E. Broadway Rm. 101(Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)



Plan Check No. BEP _____

Building Permit No. BC _____

Please Type or Print Legibly in Ink

Property Address: _____

Description of work: _____

Flat Roof Yes No

_____ Number of Arrays

_____ Number of Branch Circuits

Battery Back up Yes No

_____ Building No. of Stories

_____ Amp Service

_____ HP Transformer
(HP = KW & KVA)

Check box if work has already started (Note: Double the permit fee will be charged for legalization)

Applicant Information:

Applicant's / Contact's Name _____ Mailing Address _____ Phone Number _____

Property Owner Information:

Property Owner's Name _____ Mailing Address _____ Phone Number _____

Licensed Design Professional (Architect or Engineer in charge of the project) Information:

Name _____ Mailing Address _____ License No. _____ Phone Number _____

Contractor's Information:

CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor's Name _____ Phone Number _____ License Class and Number _____
Mailing Address _____ Contractor's Signature _____

Cost of Construction:
(includes all fixed equipment, electrical, plumbing, mechanical and labor costs. This may be revised by the building official.) \$ _____

FOR OFFICE USE ONLY

Legal Description: Lot _____ Block _____ Track _____ Zoning _____ Fire Zone 4: Y or N

Comments: _____

Clearances:

Fire
Name _____ Signature _____ Date _____
 B & S Electrical
Name _____ Signature _____ Date _____
 GWP Electric Section
Name _____ Signature _____ Date _____

Ok to Submit: _____ Accepted By: _____ Date: _____ Receipt No. _____

Ok to Issue: _____ Accepted By: _____ Date: _____ Receipt No. _____

THE CITY OF GLENDALE RESTRICTS ISSUANCE OF THE BUILDING PERMIT TO A LICENSED CONTRACTOR ONLY. SIGNATURES OF THIS INDIVIDUAL MUST BE VERIFIED BY PERSONAL IDENTIFICATION. APPLICATIONS SHALL EXPIRE ONE YEAR AFTER THE DATE OF SUBMITTAL AND THEREAFTER, ANY DOCUMENTS SUBMITTED TO THE DEPARTMENT SHALL BE RETURNED TO THE APPLICANT OR DESTROYED BY THE BUILDING OFFICIAL. UPON WRITTEN REQUEST FROM THE APPLICANT THE BUILDING OFFICIAL MAY EXTEND THE PERIOD OF PERMIT APPLICATION.

P.C. FEE	Y	N
SUPP. FEE	Y	N
ARCHIVE FEE	Y	N
PERMIT FEE	Y	N

PHOTOVOLTAIC WORKSHEET

SINGLE FAMILY DWELLING

Job Address: _____

Permit Number: _____

INSPECTION RECORD

ITEM	INSPECTOR	DATE
FRAMING		
ROUGH WIRING		
FINAL ELECTRIC		
FINAL BUILDING		

PLOT PLAN

NOTE: Locate all Structures on the Lot . Make Bottom of Page the Street Frontage.

