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:** __________________________________________________________

**CITY/LOCALITY:** ________________________________________________________

**UNIT** ________________________________________________________________

**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:** ______________________________________________________________

**ADDRESS:** __________________________________________________________

**PHONE:** __________________________

**CITY:** __________________________ **STATE/ZIP:** _______________________

**EMAIL:** __________________________

**OWNER BUILDER:** YES □ NO □

**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:** __________________________

**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:** __________________________