



**City of Patterson**  
 1 PLAZA  
 PO Box 667  
 Patterson, CA 95363  
 (209) 895-8030  
 buildingclerk@pattersonca.gov

Office Use Only

**Application Date:** \_\_\_\_\_

**Customer #** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**WMP to P.W.** \_\_\_\_\_

**ESCP to P.W.** \_\_\_\_\_

**APPLICATION FOR SOLAR PERMIT**

**Project Valuation:** \$ \_\_\_\_\_

**Building Type:**  Residential  Commercial **Mounting Type:**  Roof  Ground

Description: \_\_\_\_\_

# of Panels \_\_\_\_\_ kW: \_\_\_\_\_

Address of Work: \_\_\_\_\_ Patterson, CA 95363

Is Property in a SFHA (Special Flood Hazard Area)? \_\_\_\_\_

Property Owner: \_\_\_\_\_ **APN:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contractor Lic #: \_\_\_\_\_ Local Lic# \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name and Title

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION**

1. **Residential Projects:** 3 sets of plans, 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc.) and an electronic set of the plans and supporting documents (USB or shareable link) are required.
2. **Commercial Projects:** 3 sets of plans, 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc.) and an electronic set of the plans and supporting documents (USB or shareable link) are required.
3. A plan check fee may be required with this application.
4. This application, in which no permit is issued, will expire in 6 months from today's (submittal) date.
5. If this building is intended to be licensed by Department of Health Services (i.e. OSHPD3) you are required to submit concurrently to OSHPD for their review and approval.
6. No inspection will be performed prior to issuance of the Building Permit.

APPLICANT SIGNATURE

DATE

\_\_\_\_\_

## LICENSED CONTRACTOR DECLARATION

I hereby 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lending agency information are true and correct.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

License# \_\_\_\_\_ License Class \_\_\_\_\_

## WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# \_\_\_\_\_ Company \_\_\_\_\_

Certified copy is hereby furnished

Certified copy is filled with the building inspection department of the City of Patterson

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

## OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.

B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".

C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

Print Name of Signer \_\_\_\_\_

## CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

**NOTICE TO APPLICANT:** If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

## CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name \_\_\_\_\_

Lender's Address \_\_\_\_\_

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_