



Date: _____

Project Name: _____

Project Address: _____

Subdivision Name: _____ Lot #: _____

Project Square Footage: _____ Project Valuation: \$ _____

Description of Work: _____

Installation of a Solar Water Heating System. Roof mounted collectors: Yes No

Quantity and size of collectors: _____ Roof mounted storage tank: Yes No

Weight of system including weight of working fluid in the collectors/tanks: _____ psf

(Structural analysis of existing roof system is required if weight exceeds 5 psf)

SRCC CERT 300 #: _____ System Model Name: _____

System Type: _____

Owner Information:

Owner/Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Contractor Information:

Business Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____ Fax: _____

Local Business (Phoenix PLT) #: _____

State Tax #: _____ State License Class and Number (ROC): _____

Applicant Signature:

Check One: Owner Contractor Other _____

X: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone: _____ Fax: _____

-----**Staff Use Only**----- Initials: _____

Permit Type: _____ Permit #: **T** _____ Permit Name: _____

Project Number: _____ CITA Yes No C of O Yes No

Census: _____ Qtr. Sec: _____ Council Dist.: _____ Zoning: _____

Units: **0** Occupancy: **N/A** Construction Type: **I:VB** Scope Code: **SOLAR W/H** Struc Class: **026**

Review Fee Code: _____ Fee: _____ Permit Fee Code: _____ Fee: _____

Total: _____

An applicant may receive a clarification from the city of its interpretation or application of a statute, ordinance, code or authorized substantive policy statement. To request clarification or to obtain further information on the application process and applicable review time frames, please call 602-262-7811, TTY use 7-1-1 or visit our website at <https://www.phoenix.gov/pdd/licensing-time-frames>.