



City of Santa Barbara
 Building & Safety Division
APPLICATION FOR PV FAX PERMIT

Community Development
 630 Garden Street
 805-564-5485
 Fax- 805-564-5476

(Rev. 9/15)

This fax permits may only be issued Expedited Photo Voltaic Systems.

(Office use) **Permit Number: BLD20** _____

Please complete the following information, sign below, and fax to (805) 564-5476.

Project Street Address: _____

Owners Name: _____ Daytime Phone # _____

Business/Tenant Name (If Applicable): _____

Contractor Name: _____ Phone # _____

Contractor Address: _____ State License # _____

The following declarations are made and acknowledged below as applicable to either a licensed contractor or owner of the real property referenced above:

_____ I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Divisions of the Business and Professions Code, and my license is in full force and effect; or, I am exempt as an owner with fee title interest in the property for which a permit will be issued, and I hereby affirm I have on file with this office a current certificate of consent to self insure, or a certificate of Workers Compensation Insurance, or a certified copy thereof (§3800 Labor Code) or I am exempt, as noted below (check one):

_____ A certified copy of workers compensation insurance is attached or a certified copy is on file with the Building & Safety Division;
 Policy # _____ Company _____ OR,

_____ I certify that in the performance of the work for which a permit is issue, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California (Notice to applicant: If after making this certificate of exemption, should you become subject to worker's compensation provisions of the labor code, you must forthwith comply with such provisions or any permit issued shall be deemed revoked).

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Printed Name of licensed contractor: _____

Signature: _____ **Date:** _____

THIS IS NOT A PERMIT TO PERFORM WORK. THE INSPECTION CARD & RECEIPT WILL BE DELIVERED TO THE CONTRACTOR ADDRESS INDICATED ABOVE. WORK MAY BEGIN WHEN THIS CARD IS RECEIVED.

Type of card: VISA MC Discover Account# _____ Exp. Date: _____ Card Security Code: _____

CARD HOLDER Signature: _____ **Total Fee (office use):\$** _____

Card holder acknowledges receipt of goods/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.

NAME (As printed on Card): _____

CARD HOLDER BILLING ADDRESS: _____
 (street) (city) (state) (zip code)