



# SMALL PV & SOLAR THERMAL SYSTEM EXPEDITED PERMIT APPLICATION

FOR ONE & TWO FAMILY DWELLINGS ~ ROOF TOP INSTALLATION  
PV SYSTEM 10KW OR LESS OR SOLAR WATER HEATING 30 Kw/h OR LESS

CITY OF AZUSA 213 E. Foothill Blvd. Azusa CA. 91702-1395  
Contact the Building Department at 626.812.5234 or 626.812.5293

METHOD OF PAYMENT:	<input type="checkbox"/> CHECK	<input type="text"/>	<input type="checkbox"/> CASH	<input type="checkbox"/> MASTERCARD	<input type="text"/>
		CHECK NUMBER		<input type="checkbox"/> VISA	LAST 4 DIGITS
				<input type="checkbox"/> DISCOVER	EXP. DATE

**Job Site Address** \_\_\_\_\_

**Description of Work**  PHOTO VOLTAIC SYSTEM 10KW OR LESS  
 SOLAR WATER HEATING SYSTEM 30 Kw/h OR LESS

**1. Owner** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**2. Applicant** \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**3. Plan Check Contact\*\*** \_\_\_\_\_

Mailing Address \_\_\_\_\_ Physical Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**4. Contractor** \_\_\_\_\_ OR  Owner/Builder

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Contractor Lic. # \_\_\_\_\_ City of Azusa Business Lic. # \_\_\_\_\_

**Engineer/Architect/Plan Designer** \_\_\_\_\_

**5.** Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

The applicant warrants that the foregoing is true, and if any of this information is found to be incorrect, the permit may be revoked.

\_\_\_\_\_  
Owner/Applicant/Contact Signature

\_\_\_\_\_  
Date

\*\* Listing a design professional is strongly recommended. Corrections/plan sets will be returned to the designated contact only.