

City of Pomona — Building & Safety Division Solar App+ Permit Application

Building & Safety | (909)620-2371 | 505 S. Garey Ave | Pomona, California 91766 | www.pomonaca.gov

Project Address:	City/	State:	Zip:	
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Project Description:				
		Color Arroy Cine (of);	# of Moduloo	H of Inventors
Job Valuation:	Solar Size (kW):	Solar Array Size (sf):	# of Modules	# of Inverters
		–		
# of Branch Circuits/ Breakers:		Panel Upgrade Size (amp	s): Subpanel Size (an	ips):
	Size (Kw):			
	AP	LICANT INFORMATION		
Name:		Email:		Phone:
				Thone.
Address:		City/State:		Zip:
	C	OWNER INFOMATION		
Name:		Email:		Phone:
Address:		City/State:		Zip:
	CON	TRACTOR INFORMATION		
Name:		Email:		Phone:
Name.				T Hono.
Address:		City/State:		Zip:
				I I
State License #:	Class:	Expiration Date:	Business License	Expiration Date:
Otate License #.	01833.		#:	
	ARCHITEC	CT/ENGINEER INFORMAT	ION	
Name:		Email:		Phone:
Address:		City/State:		Zip:
State License #:		Expiration Date:	Business License #:	Expiration Date:
	This application	must be signed for permi		
This application must be signed for permit issuance.				
Applicant Signature:			Date:	



City of Pomona — Building & Safety Division Licensed Contractors Declaration

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LICENSED CONTRACTORS 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 my license is in full force and effect.				
License Class License Number				
Date Contractor's Signature				
WORKER' S COMPENSATION DECLARATION				
I hereby affirm under penalty or perjury ONE of the following Declarations:				
I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.				
Policy Number				
I have and will maintain workers' compensation insurance as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My work's compensation insurance carrier and policy number are:				
Carrier Date				
Policy Number Contractor's Signature				
 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. WARNING: Failure to secure worker's compensation cover is unlawful and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000) In addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees. 				
CONSTRUCTION LENDING AGECNCY DECLARATION				
I hereby affirm under penalty of perjury that there is a construction-lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).				
Lender's Name and Address				
Pomona Municipal Code Section 18-305 (3) — Construction hours are Monday-Saturday 7AM-8PM and not allowed on Federal Holidays. (Initial)				
Section 18-305 (3) Noise sources associated with or vibration created by construction, repair, remodeling or grading of any real property or during seismic surveys, provided such activities do not take place between the hours of 8:00 p.m. and 7:00 a.m. on week- days, including Saturday, any time on Sunday or a federal holiday, and provided the noise level created by such activities do not exceed the noise standard of 65 dB plus the limits specified in section 18-311(b) as measured on residential property and any vibration created does not endanger the public health, welfare and safety. (Initial)				
Contractor or Authorized Agent Signature				