

PV: _____
MPU: _____
BATTERY: _____

CITY OF FRESNO
BUILDING & SAFETY DIVISION
SOLAR SUBMITTAL FORM

COMPLETED AFFIDAVIT MUST BE ATTACHED TO PACKAGE

Date: _____

Address: _____

Roof Type: _____

Structural calculations are required for tile, reverse tilt, and/or ground mount systems

Number of panels: _____

Job Valuation: _____

Additional information:

Contact: _____

Email: _____

Phone: _____

Contractor: _____

License: _____

(Official use only)

** This portion may serve as an official correction list. Retain for use at time of permit issuance. Loss of this form may result in the plans requiring resubmittal for additional review and/or additional fees.

APPROVED: (Initials) _____

NOT APPROVED: (Initials) _____

Separate Permit Required: MPU Battery Building

P.C. Comments:

