



**City of Patterson**  
 1 PLAZA  
 PO Box 667  
 Patterson, CA 95363  
 (209) 895-8030 Fax (209) 895-8039

Office Use Only

**Application Date:** \_\_\_\_\_

**Customer #** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**WMP to P.W.** \_\_\_\_\_

**ESCP to P.W.** \_\_\_\_\_

**APPLICATION FOR SOLAR**

**Project Valuation:** \$ \_\_\_\_\_

**Building Type:**     Residential     Commercial    **Mounting Type:**     Roof     Ground

**Description:** \_\_\_\_\_

**# of Panels** \_\_\_\_\_    **kW:** \_\_\_\_\_

**Address of Work:** \_\_\_\_\_ **Patterson, CA 95363**

**Is Property in a SFHA (Special Flood Hazard Area)?** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Primary Contractor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contractor Lic #:** \_\_\_\_\_ **Local Lic#** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Project Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Print Name and Title**  
 \_\_\_\_\_ **Email:** \_\_\_\_\_

**PLEASE REVIEW THE FOLLOWING ITEMS PRIOR TO SUBMITTING APPLICATION**

1. **Residential Projects:** 4 sets of plans & 2 sets of all supporting documents (i.e. Structural Calcs, Energy Calcs, Truss Calcs, etc) are required.
2. **Commercial Projects:** 4 sets of plans, 3 sets for Structural Calcs, and 2 sets of all other supporting documents (i.e. Energy Calcs, truss Calcs, etc.) are required.
3. A plan check deposit maybe required with this application.
4. This application, in which no permit is issued, will expire in 6 months from today's (submittal) date.
5. If this building is intended to be licensed by Dept of Health Services (i.e. OSHPD3), you are required to submit concurrently to OSHPD for their review and approval.
6. No inspection will be performed prior to issuance of the Building Permit.

**APPLICANT SIGNATURE**

**DATE**

\_\_\_\_\_

### LICENSED CONTRACTOR 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 that my contractor's license is in full force and effect and that all of the information provided by me regarding this is true and correct. I also affirm under penalty of perjury that my Worker's Compensation Declaration or Certificate of Exemption from Worker's Compensation Insurance and lender agency information are true and correct.

Signed \_\_\_\_\_ Dated \_\_\_\_\_  
Print Name of Signer \_\_\_\_\_  
License# \_\_\_\_\_ License Class \_\_\_\_\_

### WORKER'S COMPENSATION DECLARATIONS

I hereby affirm that I have a certificate of self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3000, Lab. C).

Policy# \_\_\_\_\_ Company \_\_\_\_\_  
 Certified copy is hereby furnished  
 Certified copy is filed with the building inspection department of the City of Patterson  
Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

### OWNER- BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from provisions of the Contractor's License Law (Chapter 9 of Division 3 of the Business and Profession Code) because: (check applicable statement)

- A. I am the owner of the above property and I will contract to have all of the work performed by licensed contractors.
- B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- C. I am the owner of the above property and I will perform all the above work personally or through my employees whose sole compensation will be wages, and the above described structure is not intended or offered for sale.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_  
Print Name of Signer \_\_\_\_\_

### CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

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 Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

**NOTICE TO APPLICANT:** If after making this Certificate of Exemption you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

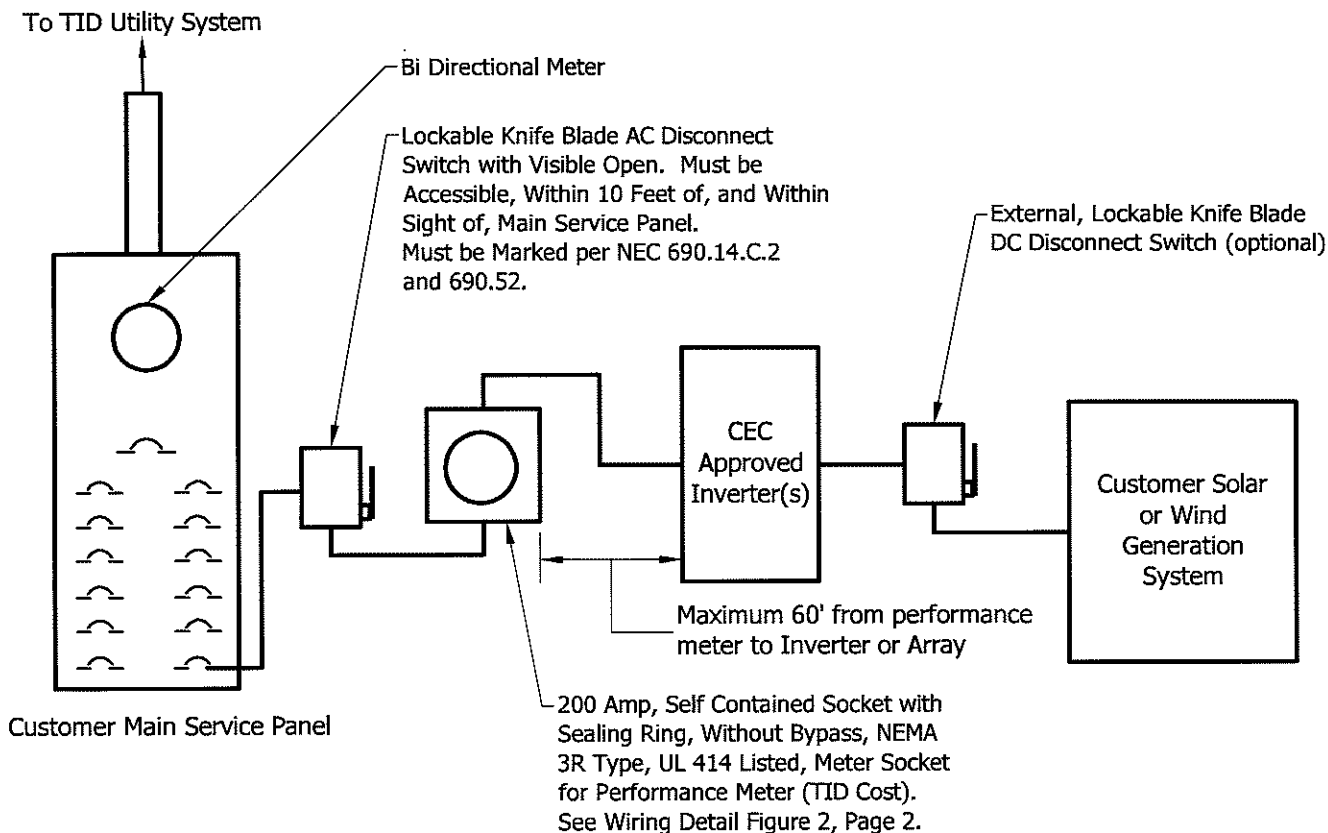
### CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Cir. C).

Lender's Name \_\_\_\_\_  
Lender's Address \_\_\_\_\_

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY AND COUNTY ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER THE MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Applicant or Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

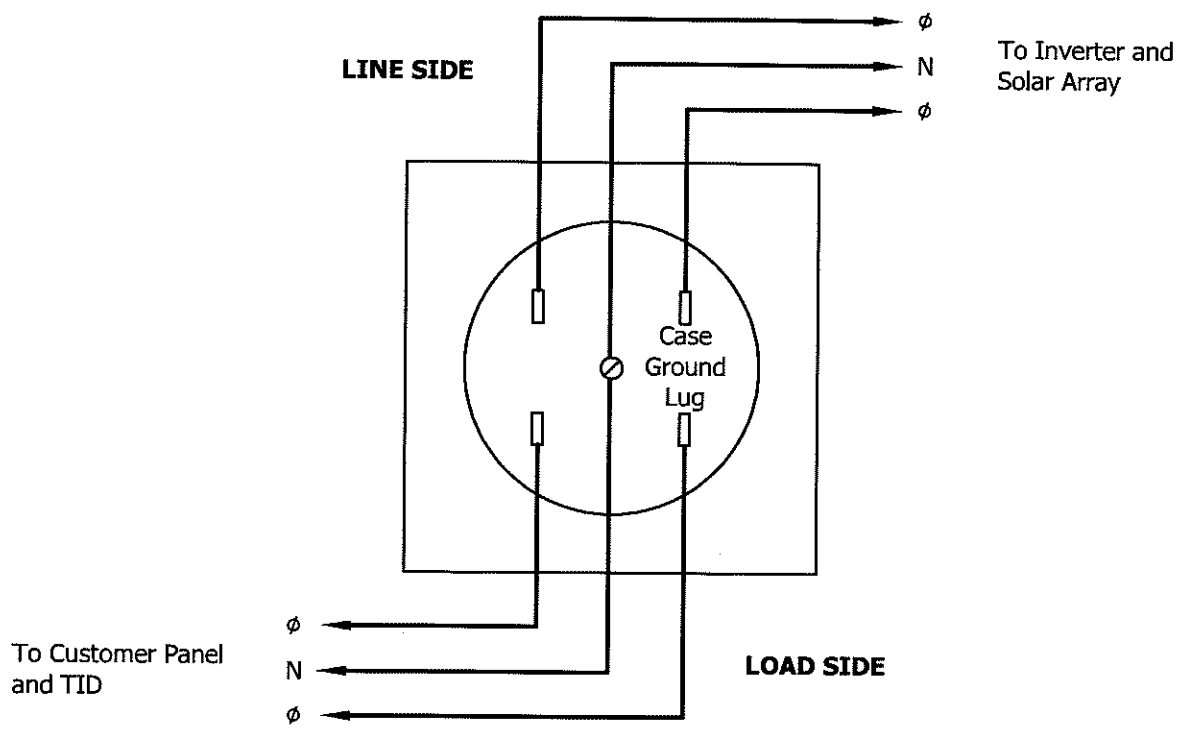


**Figure 1**  
**Simplified Block Diagram**  
**of Net Metering Installation**

**Notes:**

1. Installation shall meet all applicable safety and performance standards established by the National Electric Code (NEC), the Institute of Electrical and Electronic Engineers (IEEE), and accredited testing laboratories such as Underwriters Laboratories (UL), and where applicable, rules of the Public Utilities Commission (PUC) regarding safety and reliability, as well as meeting all TID requirements.
2. TID will ensure that the metering at the point of interconnection will accurately measure electricity flow in both directions. If replacement is necessary, the applicant shall be responsible for such cost.
3. Applicant shall make provision for installation of a TID meter dedicated to measuring the output of the generation (provide and install wiring and TID-specified meter socket and wiring). TID will reimburse the customer for the reasonable associated costs and will provide the meter.
4. Arrangements utilizing transfer switches, or alternatives to the arrangement shown above, will be considered upon submission of a diagram and explanation of the proposed deviation(s).
5. Large commercial and industrial customers using CT style installations (400 Amps and above) will need to contact TID Engineering for requirements.

<b>TID TURLOCK IRRIGATION DISTRICT</b>									<b>CONSTRUCTION STANDARDS</b>		
REV DESCRIPTION INIT CHK RVD RVD RVD APP DATE									NET METERING RESIDENTIAL & SMALL INDUSTRIAL WIRING & METER INSTALLATION		
A	ADD INVERTER & DISCONNECT SWITCH	SDC		KCK			BLL	09-2006	SHEET <b>51092</b> <b>E</b> 1 OF 2 DWG. NO. PAGE		
B	ADD NOTE 5 COMMERCIAL & INDUSTRIAL	SDC	DBM	GKT	SDP	KCK	BLL	09-2008			
C	ADD DC DISCONNECT OPTIONAL	MSG	JRS	MLH	SDP	JSA	EDJ	01-2013			
D	REPLACE TITLE BLOCK	JRS	MSG	JSA	MLH	SDP	EDJ	06-2013			
E	REPLACE TITLEBLOCK	ELJ					MSG	09-2016			



**Figure 2**  
**Simplified Detail of**  
**Performance Meter Wiring**

NET METERING  
 RESIDENTIAL & SMALL INDUSTRIAL

**CONSTRUCTION STANDARDS**

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