



RESIDENTIAL SOLAR APPLICATION
Form 4562C

Site Address _____ Parcel# _____

Is building greater than 45 years old? [] Yes [] No Age of Building _____ Historic [] Yes [] No

Applicant / Contact Name _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ e-mail _____

Owner _____ Phone# _____

Owner Address _____ City _____ State _____ Zip Code _____

Contractor _____ Phone# _____

Contractor Address _____ City _____ State _____ Zip Code _____

Chula Vista Business License# _____ State Contractor's License _____ Class _____ Expires _____

PERMIT #

ADDRESS

Form with sections: Submittal Type (Standard, Streamlined), Solar System (Photovoltaic, Hot Water, Pool Heating), Type of Installation (Roof Mount, Ground Mount), and Submittal Requirements (Plans, Site plan, Roof plan, Historic clearance, etc.).

Date