

**SANTA BARBARA COUNTY**  
**PLANNING & DEVELOPMENT**  
**BUILDING & SAFETY**

Permit # \_\_\_\_\_



**Residential Roof Mounted Photovoltaic Permit EMAIL Application/Permits**

Submit application and 11" x 17" plans via email to the Santa Barbara Office: [mpvpermits@countyofsb.org](mailto:mpvpermits@countyofsb.org)

**24 hours advance notice required for inspection**

Santa Barbara Office (805) 568-3030 Fax #568-3103 Inspections #568-3118  
 Santa Maria Office (805) 934-6230 Fax #934-6258 Inspections #934-6232

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Job Address: \_\_\_\_\_ APN # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor, Financially Responsible Person: \_\_\_\_\_ License #: \_\_\_\_\_ Class: B, C-10 or C-46

Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

**DOCUMENTATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:**

- Complete county provided fax/email permitting agreement, building permit application, fire protection certificate and the self certification form for smoke and carbon monoxide detectors.
- California State Contractors License number and signature of C-10 or C-46 is required on the cover sheet to signify the responsibility for the PV system electrical design.
- Minimum plan sheet size is 11' x 17"
- The PV array is composed of 4 or fewer series strings per inverter or less.
- Roof Plan showing panel array arrangement, support attachment points, required edge clearances.
- Site Plan showing the location of all new and existing related electrical equipment, vicinity map, note that project complies with current 2013 CRC, 2013 CEC and the current Santa Barbara County Building Ordinance.
- Existing or proposed 100 amp center fed electric service, Yes  or No  If yes, provide buss rating of panel.
- Total inverter capacity has a continuous ac power output of 10kW or less.
- The AC interconnection point is on the load side of service disconnecting means.
- Single line diagram, PV breaker size and location within panel, grounding, disconnects, wire size, conduit size, Module specifications with output data, Inverter specifications with output data, Voltage calculations, signage requirements.
- Use of an engineered mounting system on a code-compliant roof, rooftop distributed weight of less than 5 lbs/sq.ft., and less than 40 lbs per attachment. Spacing of supports maximum of 4'-0" O.C. or provide structural calculations.
- Use of listed components specific for PV systems, modules, inverter, utility-interactive inverters, and combiner boxes.

Comments/Scope of Work: \_\_\_\_\_

Estimated Work Value: \$ \_\_\_\_\_  Smoke Detector/Carbon Monoxide Self Cert. attached (Residential \$1000+)

**THIS PERMIT BECOMES NULL AND VOID IF THE WORK AUTHORIZED UNDER THIS PERMIT IS NOT COMMENCED WITH 180 DAYS OF THE ISSUANCE OF THIS PERMIT OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD EXCEEDING 180 DAYS FROM THE DATE THE WORK WAS COMMENCED.**

I certify that I am licensed under the State Contractor's License Law and my license is in full force and effect.

**Workers Compensation Declaration:**  I hereby affirm under penalty of perjury, one of the following declarations:

I have and will maintain a Certificate of Consent to Self Insure for Workers Compensation, pursuant to Sec. 3700 of the Labor Code, for the performance of work for which this permit is issued; **OR**

I have and will maintain Workers Compensation Insurance as required by Sec. 3700 of the Labor Code, for the performance of the work for which this permit is issued. My Workers Compensation Insurance Carrier and policy # are:

Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Expires \_\_\_\_\_

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Workers Compensation Laws of the State of California, and agree that if I should become subject to the Workers Compensation provisions of Sec. 3700 of the Labor Code, that I shall comply with those provisions.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Approved by \_\_\_\_\_ Date \_\_\_\_\_ Fee \$ \_\_\_\_\_

**INSPECTIONS: DATE: INITIAL: NOTES:**

INSPECTIONS:	DATE:	INITIAL:	NOTES:
<i>ELECTRICAL BONDING, SUPPORTS &amp; EQUIPMENT</i>			
<i>FINAL BUILDING</i>			
<i>FIRE DISTRICT</i>			

**SANTA BARBARA COUNTY  
FIRE PROTECTION CERTIFICATE APPLICATION (FPC)**

**COMPLETE AND RETURN form to the Building Department.**

This form must be signed by the applicant and accompanied by the required fee, one copy of the floor plan and three copies of the site plan indicating water for fire protection and project access. Application needs to be completed and certificate approved prior to issuance of building permit. The Fire Department will review the Certificate and forward the application with conditions to the Building Department and mail one copy to the property owner or applicant. **ALL FIELDS MUST BE COMPLETED. PRESS FIRMLY.**

1. Building permit # \_\_\_\_\_ APN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_
2. Building site address \_\_\_\_\_ City \_\_\_\_\_
3. Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
4. Property owner \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_
5. Mail FPC, condition letter & applicable standards to: Applicant  or Property Owner
6. Project description \_\_\_\_\_
7. If this project is a modification to an existing structure, provide **gross** and **net** square footage of the existing structure (include non-habitable space).  
Gross square footage of this **existing** structure (include non-habitable space) \_\_\_\_\_  
Net square footage of this **existing** structure (include non-habitable space) \_\_\_\_\_
8. Does existing structure have a fire sprinkler system? Yes  No
9. Gross square footage of this **new** construction (include non-habitable space) \_\_\_\_\_  
Net square footage of this **new** construction (include non-habitable space) \_\_\_\_\_
10. After project completion, will hazardous or flammable material be on premises?  
Yes  No  If yes, describe fully \_\_\_\_\_
11. Describe project water source for fire protection (water district, private water, etc.) \_\_\_\_\_  
Include name and address of purveyor if applicable \_\_\_\_\_

I HEREBY CERTIFY THE ABOVE IS TRUE AND CORRECT AND THE PROJECT DESCRIBED ABOVE SHALL COMPLY WITH ALL APPLICABLE DEVELOPMENT STANDARDS AND CODES.

\_\_\_\_\_  
Applicant name (print) Applicant signature

**Fire Department Completes This Section**

Approved with Fire Department conditions  No FPC required. Finance to issue refund

Date approved \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_

Comments \_\_\_\_\_

Upon completion of review, distribute FPC as follows: Original: Fire Dept. Canary: Bldg Dept. Pink: Owner or Applicant - with

condition letter and standards Other \_\_\_\_\_



# County of Santa Barbara Planning and Development

Glenn S. Russell, Ph.D., Director

Dianne Black, Assistant Director

## COUNTY OF SANTA BARBARA SMOKE DETECTOR AND CARBON MONOXIDE SELF CERTIFICATION

Project Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Property Owner/Agent: \_\_\_\_\_

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I, the undersigned, hereby certify that I am the owner / agent of the above referenced property. I further certify that smoke alarms and carbon monoxide alarms are present and functional in all the following locations (Note: All boxes below must be checked; retrofitted smoke detectors may be battery operated.)

- Smoke Alarms and Carbon Monoxide Alarm: On the ceiling or wall outside of each separate sleeping area in the immediate vicinity of bedrooms or in each hallway outside of the rooms.
- Smoke Alarms: In each room used for sleeping purposes.
- Smoke Alarm and Carbon Monoxide Alarm: In each story, including any habitable basement. (Note: In dwellings or dwelling units with split levels and without an intervening door between the adjacent levels, a smoke alarm and a carbon monoxide detector installed on the upper level shall suffice for the adjacent lower level provided that the lower level is less than one full story below the upper level.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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California Residential Code (CRC) Sections R314.6.2, CRC R315.2.2 states in part that "...existing dwellings be retrofitted with smoke detectors and carbon monoxide detectors when a building permit is issued for repairs, additions or alteration." CRC Section R315.1.4 defines required locations as indicated above.

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**NOTE:** This Certification is only used when normal access to the interior of the dwelling by the Santa Barbara County Building Inspector is not achieved during the course of project construction. It is normally used for projects such as re-roofing, re-siding, patio covers, photovoltaic systems, swimming pools and the like.