



**Madera County
Community and Economic Development
Building Division**

Photovoltaic Permit Application

Site Information:

Site Address _____ APN _____

Owner: _____ Owners Address: _____

City _____ State _____ Phone Number _____

Email Address _____

Applicant:

Name: _____ Address: _____

City _____ State _____ Phone Number _____

Contractors License Number _____ Email Address _____

Installer (If different then applicant):

Name: _____ Address: _____

City _____ State _____ Phone Number _____

Contractors License Number _____ Email Address _____

Project information

Racking Value: \$ _____ Roof mount Composition or Tile

Ground Mount Number of strings: _____ Will there be Batteries, Yes If so, how many KW: _____

Number of Inverters: _____ Total KW: _____

Will there be a new main Panel? Yes No Panel Size in Amps: _____

Will there be a new Sub Panel? Yes No Panel Size in Amps: _____

Complete Project description:

Applicant Signature: _____ Date _____



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PERMIT APPLICATION AND INSPECTION INSTRUCTIONS

1. Complete the site address and owner information on the reverse side of this sheet.
2. Provide the required information about the photovoltaic system.
3. Provide an Owner Builder Authorization form or a Contractor Authorization form.
4. Complete the Madera County Plot Plan form for ground mount systems.
<http://www.maderacounty.com>
5. Provide an Owner Builder Authorization form or a Contractor Authorization form.
6. Attach the structural support drawings for ground mount structures.
7. Attach complete electrical system drawings showing all loads and equipment.
8. Attach equipment cut sheets for all equipment.
9. Sign and date the application.

INSPECTIONS

Foundations on ground mount systems shall be inspected prior to pouring footings.

After the new equipment has been installed, an inspection is required to confirm proper system bonding and installation per design drawings.