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## PROCEDURES FOR E-MAILED PERMIT APPLICATIONS

1. All information on application form must be filled out completely or application cannot be accepted. Only licensed contractors can apply via e-mail, property owners cannot.
2. All declarations, including contractor's license, workers' compensation insurance, and affirmation to comply with ordinances and laws, must be signed. A valid copy of worker's compensation must be submitted.
3. E-mailed permit applications are accepted for the following permits:
  - a. **Mechanical** - replacement/installation of furnace or HVAC units
  - b. **Electrical** - replacement of electrical services up to and including 200 amps, installation of outlets and special circuits
  - c. **Plumbing** - replacement of water heater, repairing gas line/gas pressure test, repairing water line, repairing sewer line, installation of plumbing fixtures, and installation of lawn sprinklers
  - d. **Building** - re-roofing (without adding significant additional weight to roof), termite repairs, and minor non-structural remodels that are subject to approval
  - e. **Other** - payment of re-inspection fees  
*(This list may be amended from time to time as necessary.)*
4. An e-mailed application for a permit is **not** a permit. Contractor must make sure that an e-mailed permit is posted at the job site. Otherwise, contractor will not have proof that a permit has been issued.
5. **Contractor must complete and sign the following:**  
*The undersigned gives the County of Santa Clara Building Inspection Office permission to accept an electronic copy of my signature on an e-mailed permit application in lieu of my in-person signature at your office. I hereby certify that I will comply with any and all declarations and agreements on the e-mailed permit application that bears my signature.*

\_\_\_\_\_  
Contractor's Name (Printed)

\_\_\_\_\_  
Contractor's Signature

*The following employee(s) have my permission to use my credit card to obtain permits in the name of my company:*

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Name

6. Please email all the above to: [e-permits@pln.sccgov.org](mailto:e-permits@pln.sccgov.org).

If an e-mailed permit is not received within 2 working days of the time the application was e-mailed to us, please call our office at (408) 299-5700.

# E-PV PERMIT APPLICATION

JOB ADDRESS		
NEAREST CROSS STREET		
CITY		ZIP
OWNER NAME	OWNER PHONE	
OWNER MAILING ADDRESS		
CITY		ZIP
APN		
CONTRACTOR NAME		
CONTRACTOR ADDRESS		
CITY		ZIP
LICENSE NUMBER	CLASS	PHONE
★ APPLICANT EMAIL (REQUIRED)		
DESCRIPTION OF WORK:		
<input type="checkbox"/> Flush-Mount Roof PV _____ kW		
<input type="checkbox"/> Service Change ≤ 100A		
<input type="checkbox"/> Service Change 100-200A		
<input type="checkbox"/> Other (Call to verify that an e-mail permit is available): _____ _____		
VALUATION		

<b>** FOR OFFICE USE ONLY **</b>		
PLAN CHECK NUMBER	PROCESSED BY	DATE
PERMIT NUMBER	ISSUED BY	DATE ISSUED

## County of Santa Clara Department of Planning and Development Building Inspection Office

County Government Center, East Wing  
70 West Hedding St. 7<sup>th</sup> Floor  
San Jose CA 95110  
408 299-5700  
Email: e-permits@pln.sccgov.org



### WORKERS' COMPENSATION DECLARATION

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

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, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

Policy No.: \_\_\_\_\_

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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 workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature of Applicant \_\_\_\_\_ 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 my license is in full force and effect.

License Class \_\_\_\_\_ Lic. No. \_\_\_\_\_

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

### CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. 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 county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Notes: