



ALTERNATIVE ENERGY PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT • BUILDING DIVISION
 10300 TORRE AVENUE • CUPERTINO, CA 95014-3255
 (408) 777-3228 • FAX (408) 777-3333 • building@cupertino.org



PROJECT ADDRESS		APN #		
OWNER NAME		PHONE	E-MAIL	
STREET ADDRESS		CITY, STATE, ZIP	FAX	
CONTACT NAME		PHONE	E-MAIL	
STREET ADDRESS		CITY, STATE, ZIP	FAX	
<input type="checkbox"/> OWNER <input type="checkbox"/> OWNER-BUILDER <input type="checkbox"/> OWNER AGENT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> CONTRACTOR AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> DEVELOPER <input type="checkbox"/> TENANT				
CONTRACTOR NAME		LICENSE NUMBER	LICENSE TYPE	
COMPANY NAME		E-MAIL	FAX	
STREET ADDRESS		CITY, STATE, ZIP	PHONE	
ARCHITECT/ENGINEER NAME		LICENSE NUMBER	BUS. LIC #	
COMPANY NAME		E-MAIL	FAX	
STREET ADDRESS		CITY, STATE, ZIP	PHONE	
USE OF STRUCTURE:	<input type="checkbox"/> SFD or Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial	PROJECT IN WILDLAND URBAN INTERFACE AREA <input type="checkbox"/> Yes <input type="checkbox"/> No	PROJECT IN FLOOD ZONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> SOLAR PANELS	<input type="checkbox"/> ELECTRIC VEHICLE CHARGING STATION	<input type="checkbox"/> SOLAR WATER HEATING	<input type="checkbox"/> OTHER: _____	
FOR SOLAR PANELS: NUMBER OF PANELS/UNITS:		KILOWATTS (COMMERCIAL ONLY):	TOTAL VALUATION:	
DESCRIPTION OF WORK				
			RECEIVED BY:	
By my signature below, I certify to each of the following: I am the property owner or authorized agent to act on the property owner's behalf. I have read this application and the information I have provided is correct. I have read the Description of Work and verify it is accurate. I agree to comply with all applicable local ordinances and state laws relating to building construction. I authorize representatives of Cupertino to enter the above-identified property for inspection purposes.				
Signature of Applicant/Agent: _____ Date: _____				
SUPPLEMENTAL INFORMATION REQUIRED			OFFICE USE ONLY	
			PLAN CHECK TYPE	<input type="checkbox"/> OVER-THE-COUNTER
				<input type="checkbox"/> EXPRESS
				<input type="checkbox"/> STANDARD
				<input type="checkbox"/> LARGE
	<input type="checkbox"/> MAJOR			