



E-SUBMITTAL CHECKLIST AND QUESTIONNAIRE

Please save and upload **PDFs** of all required DOCUMENTS and PLANS from the checklist below. All pre-application attachments uploaded to the Online Plan Submission Portal must comply with the E-Plan Submittal Requirements.

- STEP 1:** Select project group: **BUILDING AND GRADING**
- STEP 2:** Select project type: **RESIDENTIAL SOLAR WATER HEATING**
- STEP 3:** Complete the required documents and questionnaire (if applicable) below.
- STEP 4:** Log in to the [Online Plan Submission Portal](#) and enter your project information to begin the pre-application process.
- STEP 5:** Upload your completed PDF documents.

ADDITIONAL INFORMATION

1. All submissions must comply with the City of Irvine [E-Plan Submittal Requirements](#).
2. Once your pre-application has been processed, you will receive a request for payment of your plan review fees. Please note, your submittal will not be distributed to applicable City departments, nor will your plan review period begin, until payment has been received.
3. If you are only looking to receive Advanced Plan Check Fees and do not have plan sheets to upload for review yet, upload this completed E-Submittal Checklist and Questionnaire in PDF as a plan document to the Online Plan Submission Portal. Staff will send you the plan check fees, assuming the plans will be submitted at a later date.

DOCUMENTS

- [Electronic/Digital Signature Disclosure](#)
- [Building Permit Application](#) NOTE: Include kWh size in the Project Information, Description of Work field.

REQUIREMENTS

GENERAL:

1. System size is 30 kWth (462 sq. ft. collector area) or less.
2. Solar array is roof mounted on one or two-family dwelling or accessory structure.
3. Solar collector arrays will not exceed maximum legal building height of 35 feet.
4. Solar collectors are certified by an accredited listing agency.
5. Heat transfer fluid is either water or a nontoxic fluid.
6. System schematic is included: one-line diagram showing water circulation and major components.
7. List of major components to match system schematic.
8. Storage tank/cistern will not be placed within the garage vehicular parking zone.
9. Storage tank/cistern placement will not encroach into any adjacent parcel or zero lot line setback.

PLUMBING:

1. Adequate extreme temperature protection is provided (if applicable).

STRUCTURAL:

1. Solar energy device is roof mounted and does not exceed existing building height at the highest point.

E-SUBMITTAL CHECKLIST AND QUESTIONNAIRE

2. Solar energy device system weight does not exceed four pounds per square feet (4 PSF).
3. Solar energy device is installed within 24 inches of the roof surface.
4. Maximum concentrated load imposed by a solar device support onto roof structure is maximum 60 pounds.
5. For wood construction, maximum spacing for supports of solar energy devices shall be 48 inches on center, and shall be anchored to solid roof rafters or solid blocking with minimum 5/16 inch diameter lag screw embedded minimum 2.5 inches or as recommended by manufacturer, whichever is more stringent. For other types of construction, support shall be approved by Building and Safety.

DRAWING FORMAT

Assemble plans according to the drawing format and order below. Make sure all graphic information and text is legible.

1. Site Plan with street address, property owner's name and phone number, and applicant's contact information.
2. Roof Plan of Module Layout with dimensions showing distance from roof edge, hips, and/or valleys.
3. **One line diagram with identified components showing solar interface with existing plumbing.**
4. PDF of manufacturer's specifications sheets for listed solar collector; solar controller; solar pump (if applicable); diverting valve (if applicable); heat exchanger; non-toxic heat exchange fluid; mounting system.

QUESTIONNAIRE

1. What is the size of the solar water heating system? _____ kWh



COMMUNITY DEVELOPMENT
Building and Safety

BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY	
PLAN CHECK #:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____
EXP DATE:	_____

PROJECT ADDRESS		SUITE	GRID NUMBER
TRACT	LOT	UNITS	
RESIDENTIAL TRACTS: PRODUCT NAME		PHASE	VILLAGE
PERMIT TYPES APPLIED FOR			
<input type="checkbox"/> RESIDENTIAL BUILDING <input type="checkbox"/> COMMERCIAL BUILDING <input type="checkbox"/> STRUCTURAL <input type="checkbox"/> NON-STRUCTURAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL			

APPLICANT INFORMATION			PROJECT INFORMATION		
APPLICANT/COMPANY NAME			DESCRIPTION OF WORK		
ADDRESS	CITY	ZIP			
CONTACT	PHONE				
EMAIL			RELATED GRADING CASE/OTHER RELATED CASES		
OWNER OF THE PROPERTY			DOES THE SCOPE INCLUDE AN ACCESSORY DWELLING UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS			DOES THE PROPOSED USE INCLUDE MEDICAL OR CHIROPRACTIC OFFICES; OR RETAIL OR WAREHOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS	CITY	ZIP	OCCUPANCY GROUP(S)	CONSTRUCTION TYPE	
CONTACT			OCCUPANCY CURRENT	PROPOSED	
PHONE	EXT	FAX	CURRENT USE	PROPOSED USE	
TENANT NAME	VALUATION	NO. OF STORIES	SPRINKLERS	A/C	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR OFFICE USE ONLY: PLAN CHECK FEE SUMMARY

BUILDING: _____ ELECTRICAL: _____
 ENERGY: _____ MECHANICAL: _____
 ZONING: _____ PLUMBING: _____
 WMPB: _____ AUTOMATION: _____

TOTAL PLAN CHECK FEES: \$ _____

RECEIPT #: _____ **CUSTOMER #:** _____
 IFAS#: _____ EST INITIALS: _____
 TMPL#: _____ SUB INITIALS: _____
 TMPL#: _____ TMPL#: _____
 TMPL#: _____ WMPB#: _____

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

EXISTING BUILDINGS

CHECK ALL THAT APPLY TO YOUR SCOPE OF WORK

INT. ALT. _____ sq.ft. DEMOLITION _____ sq.ft.
 EXT. ALT. _____ sq.ft. REPAIR _____ sq.ft.
 ADDITION _____ sq.ft. PARKING LOT _____ sq.ft.
 NO. OF SPACES _____

NEW BUILDINGS ONLY

COMMERCIAL: Complete data sheet for multiple buildings.

TOTAL NUMBER OF BUILDINGS: _____
 TOTAL SQ. FT. OF ALL BUILDINGS: _____

RESIDENTIAL: Complete data sheet for multiple floor plans.

CHECK ONE: MODELS PRODUCTION
 CHECK ONE: SFD DET CONDO
 CHECK ONE: ATT CONDO APT

TOTAL NUMBER OF DWELLING UNITS: _____
 TOTAL SQ. FT. OF DWELLING UNITS: _____

APPLICANT SIGNATURE _____ PRINT APPLICANT NAME _____ DATE _____



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE