City of Orland Building Department 815 Fourth Street, Orland, Ca 95963 (530) 865-1606 Fax (530) 865-1138

BUILDING PERMIT APPLICATION

() Residential Commercial			Permit # Plan #	
Pleas	se see the reverse side for instructions abo	out how to comp	plete this form.	
1.	Job Address 35 E. Walker st., Orland, CAS Assessor's Parcel No. (APN) if known			
	Zoning Code			
2.	Property Owner: XYZ Orland, LLC		Phone: (559) 5	83-1200 x203
	Mailing Address: 43801 Osgood Rd., Fremon	nt, CA 94539		
3.	Occupants Name: Sav Mor Foods			
4.	Project Description: The project is to install a new photovoltaic system. The system consist of roof motilit solar arrays, flush mount on solar support structures, and associated power conditioning equipment. The system consists of roof motilities are supported by the solar arrays are supported by the system consists of roof motilities are supported by the solar arrays are supported by the system consists of roof motilities are supported by the system consists of roof mot			
	interconnected to and will be operating in parallel with the electrical utility grid per the requirements of PG&E and the 2013 C			
5.	Permit Type: [Building [] N	Mechanical [emolition [] Electrical] Manufactur	[] Plumbing ed Home
5.	Project Valuation \$:\$2,000,000			
7.	UBC/ICC Group: N/A	U	BC/ICC Type:	N/A
3.	** Project Manager's Name Bright Powe Mailing Address: P.O. Box 10637, Napa,	r Inc. dba BPi CA 94581		(707) 252-9990 (707) 252-9990
	Email Address:brian@bpi-power.com			
) .	Contractor's Name: Bright Power Inc. db Project Manager's Name * Brian Peters			(707) 252-9990 (707) 252-9990
	State License #: 930054			
10.	Architect/Engineer Name: Brian Peters Mailing Address: P.O. Box 10637, Nap	a, CA 94581		
	State License #: 930054	_ Class: _A, C10	E	xp. Date: 3/31/2017
11.	**Applicant's Signature:		I	Date: _6/15/2016

^{**} The Project Manager and Applicant should be the same person.