

Inspection Request Line: (925) 625-7005

Fax Number: (925) 679-1707

3231 Main Street Oakley, CA 94561

BUILDING PERMIT

Permit Number: BLD-2024-2103

Project Desc: PHOTO VOLTAIC/SOLAR PANEL

Applied: 12/26/2024

Job Address: 10 MEEKS LN

Issued: 1/8/2025

OAKLEY, CA 94561-2274

Expires: 1/8/2026

Tract No:

Lot No:

APN: 035-030-048

Owner's Name: EDWARD MICHAEL VIRAMONTES

Applicant: BRIGHT PLANET

1451 GRAFTON ST WORCESTER, MA 01604 Phone:

(888) 997-4469

Contractor: BRIGHT OPS

Phone:

Address: 1451 GRAFTON ST

State Lic No:

(888) 997-4469

Exp. Date: Exp. Date:

WORCESTER MA 01604

City Lic No: Worker's Comp Policy #:

Phone:

License No.:

Arch/Engineer:

Description: SOLAR 5.33kW/13 MODULES/(1) ENERGY BANK

NEED TO PROVIDE SMOKE & CARBON SELF-CERTIFICATION

Haz. Mat.: YES ___ NO ___

Septic System: YES ___ NO ___

Construction	Sq. Ft.	Rate Amt	Amount	Construction Description
Miscellaneous construction		0.00	5,000.00	J
		_	5,000.00	

Fee Description	Amount	Fee Description	Amount
City Administration Fees	48.74	Solar Plan Check Fee	72.31
PHOTO VOLTAIC/SOLAR PANEL	111.25	Electrical Permit Minimum	69.25
Residential Seismic Fee	0.65	BLDG STANDARD ADMIN REV FEE	1.00
Scan 8 1/2 x 11 - 8 1/2 x 14	0.75		
		Total Fees Due:	303.95
		Fees Paid:	303.95
		Total Balance Due:	0.00

Permit # BLD-2024-2103

CITY OF OAKLEY Inspection Record

Building Deparment hours: 7:30am-5pm Closed every 1st and 3rd Friday Call for inspection 925-625-7005

Permit Description:	Date:	01/08/2025
SOLAR 5.33kW/13 MODULES/(1) ENERGY BANK	Owner:	EDWARD MICHAEL VIRAMONTES
NEED TO PROVIDE SMOKE & CARBON SELF-CERTIFICATION		
	SubDiv #:	
Address: 10 MEEKS LN	Lot #:	
Contractor: BRIGHT PLANET	Parcel #:	035-030-048

Date: 3-4-25	Inspection Requested: SOLAR ELECTRICAL FINAL	Passed:	Failed:
AM/PM	Comments:		
Date:	Inspection Requested: ELECT PANEL LABELING/METER TAG	Passed:	Failed:
AM/PM	Comments:		
Date:	Inspection Requested:	Passed:	Failed:
AM/PM	Comments:		
Date:	Inspection Requested:	Passed:	Failed:
AM/PM	Comments:		
Date:	Inspection Requested:	Passed:	Failed:
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Date:	Inspection Requested:	Passed:	Failed:
AM/PM	Comments:		