



CITY OF OCEANSIDE
Building Division
 300 N. Coast Highway, Oceanside, CA
 (760) 435-3950

PERMIT #: **BLDG20-3793**
DATE ISSUED: 10/27/2020
ISSUED BY: TMA

JOB ADDRESS: 4597 DOGWOOD CT

APN: 161-413-07-00 **Permit Type:** BLD SOLAR PV RES **Permit Subtype:**

OWNER: FULTON CORLISS A 4597 DOGWOOD CT OCEANSIDE, CA 92056 PHONE: () -	CONTRACTOR: GREEN DAY POWER 9745 BUSINESS PARK DR SACRAMENTO, CA 95827 PHONE: (916) 758-8030	BUS. LICENSE: 1266884 ST LICENSE NO: 1038673 CLASS: C-10 ELECTRICAL
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ARCHITECT: NO ARCHITECT ON THIS RECORD PHONE: ST LICENSE:	ENGINEER: NO ENGINEER ON THIS RECORD PHONE: ST LICENSE:
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DESCRIPTION OF WORK:
 5.61 KW ROOFMOUNT PV, 17 MODS/OPTIMIZERS, 1 INVERTER, (10/26/2020 1:02 PM TMA)
 NEW 100A SUB PANEL

OCC GROUP: R3	TYPE OF CONSTR VB	PERMIT VALUATION \$12,000.00	BUILDING (SF) 0	OCC LOAD	NO STORIES 0	FLOOD ZONE X
SPRINKLERS NO	COASTAL NO	REDEV NO	CONSERVATION NO	STATE CODE 2019		

FEE SUMMARY:

TOTAL ASSESSED FEES:	\$ 444.00
TOTAL PAID FEES:	\$ 444.00
BALANCE DUE:	\$ 0.00

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 STATE COMPENSATION INSURANCE FUND **Policy Number 9230488** **Expiration Date 04/27/2021**

____ 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'

LICENSED CONTRACTOR'S 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 No: 1038673 **Expiration Date: 04/30/2022** **Contractor: GREEN DAY POWER** **Class: C-10 ELECTRICAL**

Contractor or Authorized Agent Signature: _____ **Date:** _____