

CITY OF SACRAMENTO

Permit No: 0606914

1231 I Street, Sacramento, CA 95814

Insp Area: 1  
Thos Bros: 297F4

Site Address: 2625 E ST SAC  
Parcel No: 003-0145-018

Sub-Type: RES  
Housing (Y/N): N

**CONTRACTOR**  
SIERRA PACIFIC HOME&COMFORT  
2550 MERCANTILE DR STE D  
RANCHO CORDOVA, CA. 95742

**OWNER**  
CRABBE WILLIAM A  
2625 E ST  
SACRAMENTO, CA 95816

**ARCHITECT**

Nature of Work: C/O SPLIT SYSTEM HVAC SYSTEM \*\*ALL COMPLIANCE DOCS REQ'D @ INSPECTION

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS 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 Class C20 License Number 453302 Date 5/15/06 Contractor Signature Debbie Hardy

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_  
Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
MAY 15 2006

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5/15/06 Applicant/Agent Signature Debbie Hardy

**WORKER'S COMPENSATION DECLARATION:** 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 as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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 CALIFORNIA INSURANCE CO Policy Number 739117390102 Exp Date 01/01/2007

(This section need not be completed if the permit is for \$100 or less) 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' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5/15/06 Applicant Signature Debbie Hardy

WARNING: FAILURE TO SECURE WORKER'S 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 FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.  
Note: Work started before a Building Permit is issued will be subject to quad fee

DATE: 5-5-06

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION **MUST** BE PROVIDED:

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 2625 "E" STREET SACRAMENTO UNIT # \_\_\_\_\_ ⇒ CONTRACT PRICE \$ 16,082<sup>00</sup>

⇒ CONTACT PERSON: \_\_\_\_\_ ⇒ CONTACT PHONE: \_\_\_\_\_

Property Owner: WILLIAM & BARBARA CRABBE  
Address: 2625 "E" STREET  
City/State/Zip: SACRAMENTO, CA 95818  
Phone: 916-448-8331

Contractor: SERRA PERFORMATIVE HOME IMPROVEMENT  
Address: 2550 MERCANTILE DRIVE  
City/State/Zip: RANCHO COACHELLA,  
Phone: 916-638-0513 FAX: 916-635-9568

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE #SQUARES _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: <u>082</u> Equipment: \$ <u>16,082</u> Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required for rooftop units.

Note: Design Review approval may be required in certain areas.

DESCRIPTION OF WORK:

CITY OF SACRAMENTO

Permit No: 0606912

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Thos Bros: 336G2

Site Address: 500 VALIM WY SAC

Sub-Type: RES

Parcel No: 031-0980-048

Housing (Y/N): N

CONTRACTOR
PRESIDENTIAL ROOFING
P.O. BOX 2205
CARMICHAEL CA 95609-2205

OWNER
PARKER INVESTMENTS
4525 SERRANO PKWY
EL DORADO HILL, CA 95762

ARCHITECT

Nature of Work: REROOFT/ORESHEETINSTALL24SQRS40HRDIMCOMP(HALF PLEXTHISSIDEONLY)INPROGRESSINSPECTION
REQUIRED.

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name Lender's Address

LICENSED CONTRACTORS 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.

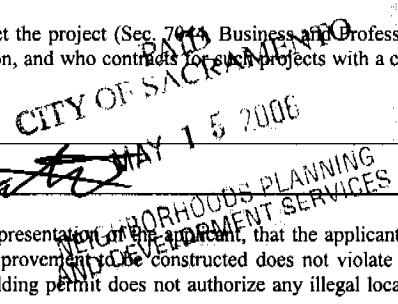
License Class C39 License Number 832902 Date 5-15-06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044 Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. B & PC for this reason:
Date 5-15-06 Owner Signature [Signature]



IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5-15-06 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: 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 as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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 Policy Number Exp Date

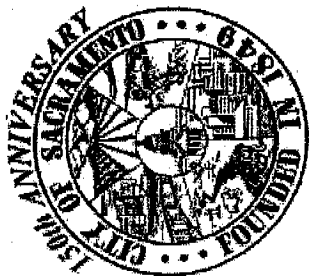
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5-15-06 Applicant Signature [Signature]

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0606912

DATE: 5-15-06



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 500 VALCIM WAY UNIT # [blank] CONTRACT PRICE \$ 8,000

CONTACT PERSON: PHIL BAIGS  
Property Owner: PARKER DEVELOPMENT  
Address: 500 VALCIM WAY  
City/State/Zip: SACRAMENTO CA  
Phone: 916 981-1000  
CONTACT PHONE: 224-5071  
Contractor: PRESIDENTIAL ROOFING License # 852902  
Address: PO BOX 2205  
City/State/Zip: CARMICHAEL CA  
Phone: 224-5071 FAX: 474-1205

NATURE OF REQUEST:

- REROOF (excluding tile)
- TEAR-OFF
- RESHEET
- HOUSE
- GARAGE
- # SQUARES: 24
- Material: 40 YR PRESIDENTIAL COMPOSITION
- SIDING
  - wood
  - T-111
  - Horiz
  - vinyl
- stucco

Note: Design Review approval may be required in certain areas.

Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>
<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or electric unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>
<input type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE # SQUARES: 24 Material: 40 YR PRESIDENTIAL COMPOSITION <input type="checkbox"/> SIDING <ul style="list-style-type: none"> <li><input type="checkbox"/> wood</li> <li><input type="checkbox"/> T-111</li> <li><input type="checkbox"/> Horiz</li> <li><input type="checkbox"/> vinyl</li> </ul> <input type="checkbox"/> stucco	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>

DESCRIPTION OF WORK:

TEAR OFF SHEET 2" CDX ROOF 3016 FEET  
40 YR OC PRESIDENTIAL COMP

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0606945  
Insp Area: 4  
Thos Bros: 277B7

Site Address: 2151 RIVER PLAZA DR SAC St: STE 308  
Parcel No: 274-0320-067 SUITE 308

Sub-Type: REM  
Housing (Y/N): N

**CONTRACTOR**  
ANTHONY & SONS  
1790 TERMINAL ST.  
WEST SACRAMENTO CA

**OWNER**  
SPEIKER PROPERTIES L P  
PO BOX 194610  
SAN FRANCISCO, CA 94119

**ARCHITECT**

**Nature of Work:** INTERIOR REMODEL - DEMO WALL TO OPEN OFFICE; ADD 1 SPRINKLER; RELOCATE 1 SPRINKLER

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS 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 Class BC6/D63 C-9 License Number 360117 Date 7/31/06 Contractor Signature [Signature]

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I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_  
Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

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[Signature] 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 FUND Policy Number 0000126-2005 Exp Date 10/01/2006

(This section need not be completed if the permit is for \$100 or less) 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' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

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**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DIVISION**  
**PERMIT SERVICES SECTION**  
 (916) 808-2534 FAX: (916) 808-7046

<b>ACTIVITY #</b> <u>0606945</u>	<b>Insp. Area</b> <u>4</u>
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Applicant **MUST** complete ALL Unshaded Areas

**ADDRESS:** 2151 River Plaza Dr. Suite: 308

**PARCEL #:** \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>Joel Anzels</u>                  Street Address: <u>1790 Terminal St</u>                  City/State/Zip: <u>West Sacramento, CA 95691</u>                  Phone: <u>916/373-0707</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name: <u>ASI Anthony + Sons G.C., Inc.</u>                  Street Address: <u>1790 Terminal Street</u>                  City/State/Zip: <u>West Sacramento, CA</u>                  Phone: <u>916/373-0707</u>                  E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>Nielsen + Assoc. Architects</u>                  Street Address: <u>1731 East Roseville Parkway</u>                  City/State/Zip: <u>Roseville CA 95661</u>                  Phone: <u>(916) 781-6800</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>CA Gateway Oaks OWNER</b></p> <p>Name: <u>c/o Equity office</u>                  Street Address: <u>1610 Arden Way Ste. 250</u>                  City/State/Zip: <u>Sacramento CA</u>                  Phone: <u>916/614-8850</u>                  E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: State Comp Ins. Fund

⇒ **WORKER'S COMPANSATION POLICY #** 126-2005 **EXPROATION DATE:** 10/1/06

**NATURE OF WORK IN DETAIL:** Demo Wall relocate Power / ~~signal~~ signal  
(1) new sprinkler + relocate one

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION:** 26,340-

FLOOD STATUS:			S.C.A.T.							
JOB DISCRPTION	BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1" Fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
<b>B</b>	<b>L</b>	<b>P</b>	<b>M</b>	<b>E</b>	<b>F</b>	<b>S</b>		<b>D</b>	<b>PW</b>	<b>UTIL</b>

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REGIONAL SANITATION FEES?**  Yes  No      **HEALTH DEPARTMENT:**  Yes  No

**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Provided  Faxed