

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102132

Insp Area: 2

Site Address: 6785 BRIGGS DR SAC
Parcel No: 040-0210-060

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

CONTRACTOR
QUALITY APPLIANCE INSTALLATION
4555 AUBURN BLVD #2
SACRAMENTO 95841

OWNER
OCTIOA
6785 BRIGGS DR
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: RPLC WATER HEATER

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 C/C License Number 624654 Date 2/22/01 Contractor Signature Joa

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 _____

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 2/22/01 Applicant/Agent Signature Joa

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 STATE FUND Policy Number 550980000442 Exp Date 04/01/2001

(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 2/22/01 Applicant Signature Joa

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.



1. Fields required must be completed in all offices by 1:00 p.m. to be processed the following week 4:00 p.m. Contractors must have a current copy of Worker's Compensation Insurance. Master Electric License or Building Permit is based on the project to be installed.

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

RESIDENTIAL APARTMENTS COMMERCIAL

JOB ADDRESS: 16785 Buengo Dr CITY: DETT CONTRACT PRICE: 300

CONTACT PERSON: Pat Amodeo CONTACT PHONE: 973-8161

Property Owner: Shelley Schorr Contractor: Quality Appliance & Cover

Address: 16785 Buengo Dr Address: 4555 Alboon Blvd. N.Y.

City/State: Woodbridge NJ City/State: Sacramento CA

Phone: 973-9725 Phone: 973-9161 FAX: 973-1460

NATURE OF REQUEST: Locate from the schedule below & provide details under description of work.

<input type="checkbox"/> SENSOR (underground) <input type="checkbox"/> TRANSFORMER <input type="checkbox"/> METER <input type="checkbox"/> SERVICE DEVICES Request: _____ Details: _____	<input type="checkbox"/> HVAC INSTALLATIONS (underground) <input type="checkbox"/> CONDENSATE DRAIN <input type="checkbox"/> DUCTWORK <input type="checkbox"/> PACKAGING <input type="checkbox"/> SPLIT SYSTEM <input type="checkbox"/> UNIT REPAIR <input type="checkbox"/> UNIT	<input checked="" type="checkbox"/> WATER HEATER (underground) <input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OTHER	<input type="checkbox"/> GENERAL ELECTRIC (underground) <input type="checkbox"/> TRANSFORMER GROUP <input type="checkbox"/> POWER SERVICE <input type="checkbox"/> SERVICE	<input type="checkbox"/> PERMITTING SAFETY INSPECTOR (underground) USADD OTHER NOTES: Contractor notes have not yet been added building permit
<input type="checkbox"/> SERVICE <input type="checkbox"/> OVERHEAD <input type="checkbox"/> DISK <input type="checkbox"/> GROUND <input type="checkbox"/> OTHER Note: Single conductors approved may be required to be in the same trench.	<input type="checkbox"/> VALUE OF LOAD UNDER <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	<input type="checkbox"/> DRY ROT OR STRUCTURE DAMAGE REPAIR (underground) <input type="checkbox"/> OTHER	<input type="checkbox"/> WATER SERVICE <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	