

**DO NOT COVER UP CONCRETE AND BUILDING MATERIALS - PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.**

INSPECTION	INSPECTOR	DATE
1 FOUNDATION FORMS		
2 UFER GROUND		
3 CONCRETE SLAB FORMS		
4 PLUMB. UNDERFLOOR/SLAB		
5 MECH/UNDERFLOOR/SLAB		
6 ELECT. UNDERGROUND		
7 ELECT. CONDUIT-SLAB		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
8 FLOOR JOISTS OR GRIDERS		
<b>DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED</b>		
9 INSULATION/WALL/FLOOR		
10 TOP PLUMBING		
11 TOP MECHANICAL/WALL/CEIL.		
12 ROUGH ELECTRICAL/WALL/CEIL.		
13 FRAME		
14 ROOF PLYWOOD NAIL, COMM. & APTS.		
15 EXTERIOR LATH/SIDING		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
16 INT. LATH OR WALL BD. NAILING		
<b>DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED</b>		
17 SERVICE UNDERGRD CONDUIT		
18 SEWER SERVICE		
19 WATER SERVICE		
20 SPRINKLER SYSTEM		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
21 GAS TEST		
22 TEMP GAS		
23 POWER GAS		
24 POWER POLE		
25 TEMP. POWER #		
<b>SWIMMING POOLS ONLY</b>		
26 GAS TEST		
27 PLUMBING PRE-GUNITE		
28 PLUMBING PRE-DECK		
29 ELECTRICAL PRE-GUNITE		
30 ELECTRICAL PRE-DECK		
31 ELECTRICAL UNDERGRD		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE _____ SIGNED: _____		
<b>FINAL APPROVALS</b>		
32 BUILDING	FINAL INSP. NO.	
33 ELECTRICAL		
34 PLUMBING		
35 MECHANICAL		

5580 POWER INN ROAD 3

ASSESSOR PARCEL NO. 027-0081-036 ADDRESS 5665 POWER INN ROAD #140 SACRAMENTO, CA 95824

LICENSED CONTRACTOR JACKSON CONSTRUCTION 5665 POWER INN ROAD #140 SACRAMENTO, CA 95824

PROPERTY OWNER DONALD EKSTROM

ARCH. ENGR. \_\_\_\_\_

NO. OF STORIES \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_ ROOF COVERING AREA 1ST FLOOR \_\_\_\_\_ TOTAL AREA \_\_\_\_\_ GARAGE AREA \_\_\_\_\_ PATIO AREA \_\_\_\_\_ USE ZONE \_\_\_\_\_ STREET WIDTH \_\_\_\_\_

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL: INSTALL BACKFLOW PREVENTOR AS REQUIRED BY COUNTY OF SACRAMENTO ENV. MGT.

FLOOD STATUS ( ) SPECIAL CONDITIONS ATTACHMENTS:

**CITY OF SACRAMENTO INSPECTIONS BUILDING INSPECTION DIVISION 264-5191**

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

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

ISSUED BY:	VALUATION \$ 500.00	FIRE SP.
DATE ISSUED		
BUILDING PERMIT FEE \$		FED CODE 15
PLAN CHECK/PROC. FEE \$		PERMIT NO. 99
S.M.I. FEE \$		
CONST. EXCISE TAX \$		
CITY BUS LICENSE \$		
TECH. FEE \$		
WATER DEV. FEE \$		
CITY SEWER DEV. FEE \$		
REG. SEWER FEE \$		
RESIDENTIAL CONST. TAX \$		
<b>TOTAL FEES \$</b>		<b>8</b>

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

CITY OF SACRAMENTO  
APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION  
1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

4685  
PLAN CHECK # 9904678 Insp. Area \_\_\_\_\_

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 5580 POWER INN ROAD Suite \_\_\_\_\_  
 PARCEL # 027-0081-036

<p align="center">CONTACT</p> <p>Name <u>LESLIE LUNDHOLM</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381-8113</u> FAX <u>381-0212</u></p>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>365437</u></p> <p>Name <u>JACKSON CONSTRUCTION</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381-8113</u> FAX <u>381-0212</u></p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____</p>		<p align="center">OWNER/ [REDACTED]</p> <p>Name <u>DONALD EKSTROM</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381-8113</u> FAX <u>381-0212</u></p>	

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # W98C113055 EXPIRATION DATE: 12.20.99  
NAME OF INSURANCE COMPANY: CALIFORNIA COMPENSATION

NATURE OF WORK IN DETAIL: INSTALL BACKFLOW PREVENTOR AS REQUIRED BY COUNTY OF SAC ENV. MGT.

DBA: \_\_\_\_\_ VALUATION: \_\_\_\_\_

FLOOD STATUS:				S.C.A.T. <input type="checkbox"/>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Via. File	
						Spr	Alarm			
B	L	P	M	E	F	S		D	R	

COMMENTS:  
JR 13  
5-11-99

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

BLDGFORM (REV 05/93)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No