

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