

CITY OF SACRAMENTO

Permit No: 9801455

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 6370 MACK RD SAC

Sub-Type: ACOM

Parcel No: 1170012020

Housing (Y/N): N

CONTRACTOR

SUDA INC
9918 KENT ST
SUITE 1 95624
Phone: 916-685-1100

OWNER

VALLEY HI PROPERTIES
6366 MACK RD
SACRAMENTO CA 95822
Phone:

ARCHITECT

Phone:

Nature of Work: RELOCATE ENTRY DOOR AND INSTALL KITCHEN EQUIPMENT

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 131 License Number Date 3-6-98 Contractor Signature Bud Mauman

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 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 or 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 or 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.

Date 3-6-98 Applicant/Agent Signature Bud Mauman

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.

X 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 713-97-0002047

(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 3-6-98 Applicant Signature Bud Mauman

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**  
**APPLICATION FOR BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**

1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

98-01455C

Worker's Comp Policy # 713-97-0062047  
 Company State Fund  
 Exp. Date 10-1-98

ADDRESS 6370 Mack Road P.C. # 5823X  
 PARCEL # 117-0012-020 SUITE # \_\_\_\_\_  
 AREA # 2C

CONTACT  LICENSED CONTRACTOR Lic# \_\_\_\_\_  
 NAME \_\_\_\_\_ NAME Seda Inc #47073  
 ADDRESS \_\_\_\_\_ ADDRESS 9918 Kent St  
 ZIP \_\_\_\_\_ Elk Grove CA ZIP 95624  
 PHONE \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ PHONE( ) - FAX( ) -

ARCH./ENG.  OWNER  
 NAME \_\_\_\_\_ NAME Mc Donalds  
 ADDRESS \_\_\_\_\_ ADDRESS 1250 Howe Ave  
 ZIP \_\_\_\_\_ Sacramento ZIP 95825  
 PHONE \_\_\_\_\_ FAX( ) -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: Kit Equip Installation & Relocate  
entry door

D.B.A. \_\_\_\_\_  VALUATION 12,000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS \_\_\_\_\_  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT TI( ) REM() SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
					Y/ <u>N</u>	Y/ <u>N</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	R

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

(RECIPIENT SAN FEES? Y/N) (HEALTH DEPT? Y/N) APPL. REVISED 12/11