



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

PAID
CITY OF SACRAMENTO

AUG 3 3 2005

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

Name To be determined Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner: Jeff Ueack

Date 8-3-2005 Case No. H050025920 Permit No. 051065214

Job Address: 1029 MacArten Wy.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.