

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0419698

Insp Area: 2

Thos Bros: 317C5

Site Address: 1620 35TH AV SAC

Parcel No: 035-0034-015

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

TUNG KINGMAN/JUDY CHANG
1620 35TH AV
SACRAMENTO, CA 95822

ARCHITECT

BERNARD CHAN
2272 ATRISCO CIR
SACRAMENTO CA 95833

Nature of Work: REMOVE ACCESSIBLE RAMP & INSTALL ACCESSIBLE CHAIR LIFT

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 _____ License Number _____ Date _____ Contractor Signature _____

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 11/24/04 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 11/24/04 Applicant/Agent Signature _____

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 _____ Exp Date _____

BC (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 11/24/04 Applicant Signature _____

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 041968 Insp. Area 2C

Applicant to complete all areas down to valuation

ADDRESS 1620 35th AVE Suite # B
 PARCEL # 035-0034-015

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|--|--|---|--|
| CONTACT Name <u>BARNARD CHAN</u> Street Address <u>1620 35th AVE</u> City/State/Zip <u>SACTO CA 95822</u> Phone <u>838-2769</u> FAX _____ E-mail: _____ | | LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | |
| ARCHITECT/ENGINEER Name <u>BARNARD CHAN</u> Address <u>2272 ATESCO CIRCLE</u> City/State/Zip <u>SACTO CA 95833</u> Phone <u>359-1818</u> FAX <u>727-2230</u> E-mail: <u>bcccccchan@ymail.com</u> | | OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | |

Will permittee have any employees on the job site? Yes No **INSURANCE CO:** _____ **EXPIRATION DATE:** _____
WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL:
REMOVE HC RAMP & REPLACE BY WFC - CHAIR LIFT

OCCUPANT/TENANT: _____ **VALUATION: \$** 15,000

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|--|--------------------------|------------|----------|------------|------------|---------------|--|----------|-----------|--|--|--|--|
| FLOOD STATUS | | | | | | | | | | S.C.A.T. | | | |
| JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI <input type="checkbox"/> REM <input checked="" type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/> INSPECTION DISCIPLINES BLDG MECH PLUMB <input checked="" type="checkbox"/> ELEC SITE FIRE | | | | | | | | | | Fire Req. Y/N SPR ALARM Fed Code Vio. File | | | |
| # Stories | 1 st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y/N | | Fed Code | Vio. File | | | | |
| B | L | P | M | E | F | S | | D | PW | UTIL | | | |

COMMENTS:

REGIONAL SANITATION FEES? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No
 HEALTH DEPARTMENT? Yes No