

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9908276**  
**Insp Area: 2**

**Site Address: 7642 WINDBRIDGE DR SAC**  
Parcel No: 031-1170-001

Sub-Type: COM  
Housing (Y/N): N

CONTRACTOR  
NFI MAR CONSTRUCTION  
1317 SILICA  
SACRAMENTO CA 95815

OWNER  
G W WILLIAMS CO  
390 CLEARVIEW WY 200  
SAN MATEO CA 94402

ARCHITECT

**Nature of Work: REPLACE SIDING AND DRY ROT REPAIR**

**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 B1 License Number 408084 Date 7/28/99 Contractor Signature Henry V Bente

**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);

\_\_\_\_\_, 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.)

\_\_\_\_\_, 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.

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 7/28/99 Applicant/Agent Signature Henry V Bente

**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 FINANCIAL PACIFIC Policy Number 151870A Exp Date 09/17/1999

\_\_\_\_\_, (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 7/28/99 Applicant Signature Henry V Bente

**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 [REDACTED] BUILDING PERMIT

9908276

2

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK

Insp. Area

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

ADDRESS 7642 Windbridge Dr. Sacramento CA. 95831 Suite \_\_\_\_\_  
 PARCEL # 031-1170-001

CONTACT

Name Vince Barkels  
Address 4708 Roseville Rd. Suite 101  
North Highlands CA. Zip 95660  
Phone 338-6610 FAX 338-6614

LICENSED CONTRACTOR

Lic No. # 408884

Name Nelmar Construction Inc.  
Address 4708 Roseville Rd. Suite 101  
North Highlands CA. Zip 95660  
Phone 338-6610 FAX 338-6614

ARCHITECT/ENGINEER

Name Big Architecture  
Address P.O. Box 250 Sacramento CA  
Zip 95812  
Phone (916) 452-2286 FAX 452-3882

OWNER

Name GW Williams  
Address 2190 Clearview Dr. Suite 200  
San Mateo CA. Zip \_\_\_\_\_  
Phone (650) 372-9711 FAX 372-9601

Will the permittee have any employees on the jobsite?  Yes  No

If yes, WORKER'S COMPENSATION POLICY # NWC 548353-01 EXPIRATION DATE: 1-1-00

NAME OF INSURANCE COMPANY: Golden Eagle

NATURE OF WORK IN DETAIL: Siding Replacement / Dry Rot Repair

DBA:

VALUATION: 60,000

FLOOD STATUS				S.C.A.P.						
JOB DESCRIPTION		BLDG	SHEL	AFT	FI	REM	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE		
# Stories	Use Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vo. Fi	
						Spr	Alarm			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>R</u>	<u>S</u>		<u>D</u>	<u>R</u>	

COMMENTS: