

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0511238

Insp Area: 3

Thos Bros: 317J4

Site Address: 5215 FRUITRIDGE RD SAC

Parcel No: 022-0280-032

Stockridge Plaza

Sub-Type: NTMP/PWR

Housing (Y/N): N

CONTRACTOR
FRICKE'S ELECTRICAL
6150 BRAZIL AV
ORANGEVALE CA

OWNER
CCI STOCKRIDGE SAC LLC
8480 E ORCHARD RD 6900
GREENWOOD VLG, CO 80111

ARCHITECT

Nature of Work: Set Sub panel and feeders for existing 200amp meter main 5215 Fruitridge.

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 C10 License Number 563008 Date 7/28/05 Contractor Signature [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: 00, 2 8 2005

Date Owner Signature NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 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 HARBOR SPECIALTY INS. COM Policy Number HN30225702 Exp Date

(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 7/28/05 Applicant Signature [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
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX: 264-7046

ACTIVITY #	Unsp. Area
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 5215 Fruitridge Blvd Suite: 5215

PARCEL #: _____

<p style="text-align: center;">CONTACT</p> <p>Name: <u>Wendell Roy</u> Street Address: <u>6150 Brazil Rd</u> City/State/Zip: <u>Orangevale 95662</u> Phone: <u>524-5102</u> E-Mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>563008</u></p> <p>Name: <u>Fricko's Elec.</u> Street Address: <u>6150 BRAZIL RD.</u> City/State/Zip: <u>ORANGEVALE 95662</u> Phone: <u>445-0201</u> E-Mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: State fund

⇒ WORKER'S COMPANSATION POLICY # 713-031238 EXPIRATION DATE: 7/1/06

NATURE OF WORK IN DETAIL: 507 sub panel and feeders

OCCUPANT/TENANT: _____ VALUATION: _____

FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION			BUDG	SHEEL	APT	TH	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BUDG	MECH	PLUMB	ELEC		SPE	FIRE		
# Stories	1" Wtr Area	Total Area	Use Zone	Occp Group	Cont type	Fire Reg. Y/N	Alarm	Spec Code	File [H]	File [Quad]	
B	L	P	M	E	F	S		D	FW	UTIL	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed