

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101992
Insp Area: I

Site Address: 2116 16TH ST SAC
Parcel No: 009-0152-013

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

CONTRACTOR
WILLIAM KNIGHT
PO BOX 487
BELLA VISTA, CA 96008

OWNER
LEE, ANNA
1414 BROADWAY
SACRAMENTO CA

ARCHITECT

Nature of Work: NEW 200 AMP 1 PHASE SERVICE AND SUBPANEL, PULL NEW CONDUCTORS IN EXISTING EMT FOR DEDICATED OUTLETS.

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 C-10 License Number 205825 Date 2-14-01 Contractor Signature William Knight

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 _____ 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 2-14-01 Applicant Agent Signature William Knight

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.

~~XXX~~ 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 436-00 UNIT 000684 Exp Date 10/01/2001

(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 2-14-01 Applicant Signature William Knight

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 #

0101992

Insp. Area 1C

~~0101992~~

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2116 16th St Sacramento CA. Suite _____

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>William Knight</u></p> <p>Street Address <u>P.O. Box 487</u></p> <p>City/State/Zip <u>Bella Vista, CA 96008</u></p> <p>Phone <u>(530) 227-2458</u> FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>703825</u></p> <p>Name <u>Knight Construction</u></p> <p>Address <u>P.O. Box 487</u></p> <p>City/State/Zip <u>Bella Vista, CA 96008</u></p> <p>Phone <u>(530) 227-2458</u> FAX <u>530-472-1156</u></p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>ANNA Lee</u></p> <p>Address <u>1414 Broadway</u></p> <p>City/State/Zip <u>Sacramento CA.</u></p> <p>Phone <u>557-3888</u> FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund

→ WORKER'S COMPENSATION POLICY # 436-00 Unit 0000684 EXPIRATION DATE: _____

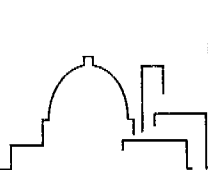
NATURE OF WORK IN DETAIL: ~~Remove existing 100 Amp service and install a 200 Amp~~
Remove existing 100 Amp service, Replace with a 200 Amp

OCCUPANT/TENANT:						VALUATION: \$				
FLOOD STATUS:					S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT
The Power To Do More.SM

P.O. Box 15830, Sacramento, CA 95852-1830; 1-888-742-SMUD (7683)

February 13, 2001

BILL KNIGHT
2116 16TH ST.
SACRAMENTO, CA 95818

WA #30007155

SMUD COMMITMENT LETTER

Thank you for submitting your plans for 2116 16TH ST. for an electric service commitment. Your cooperation enables us to give you the best service possible, as well as provide for your future requirements.

We are returning one copy of your plans indicating the service location and other requirements checked below. Our commitment is subject to changing conditions and, as a result, may not be valid after twelve months.

Please contact the Estimator if additional information is desired.

Estimator: DAVE SMITH *Dave Smith*

Telephone (916) 732-5776

Service will be: Overhead Underground

Volts: 120/240 Phase: 1 Wire: 3 Type: DELTA

(Street light service voltage will be the same as above.)

Transformer pad required:	Yes	No	<input checked="" type="checkbox"/>	SMUD Dwg. _____
Conduit required:	Yes	No	<input checked="" type="checkbox"/>	(see sketch)
Right-of-way required:	Yes	No	<input checked="" type="checkbox"/>	
Transformer protection required:	Yes	No	<input checked="" type="checkbox"/>	see sketch and SMUD Dwg. _____
Primary pull box required:	Yes	No	<input checked="" type="checkbox"/>	Number: SMUD Dwg. _____
Service box required:	Yes	No	<input checked="" type="checkbox"/>	Number: SMUD Dwg. _____
Switchgear pad required:	Yes	No	<input checked="" type="checkbox"/>	Number: SMUD Dwg. _____
Street light service box required:	Yes	No	<input checked="" type="checkbox"/>	(see sketch)

Other requirements: See enclosed Booklet N/A Prints N/A

*A maximum fault current of 10400 amps symmetrical is based on the largest transformer that could be needed to serve the Single main size of 200 amps.

Metering will be outside, if possible. If in a meter room, outside access door must be keyed for a SMUD key. Contact the Estimator for details.

*If future load growth necessitates increasing the main switch size, the available fault current should be recalculated.

NOTE: This commitment letter may be required by local inspection authority as part of its plan check requirements.