

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102293
Insp Area: 2

Site Address: 2451 CASA LINDA DR SAC
Parcel No: 049-0061-002

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

CONTRACTOR

OWNER
RAMIREZ
2451 CASA LINDA DR
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: SMUD SAFETY INSP

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 Antonio Ramirez Owner Signature 02/22/01

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 Antonio Ramirez Applicant/Agent Signature 02/22/01

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 Exempt Policy Number _____ 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 Antonio Ramirez Applicant Signature 02/22/01

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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) YES
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed _____

X Job Address _____ X Date _____

Permit No. _____

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 8400 BELVEDERE AVE SUITE A Permit No. 00-03332

Building Use: New TI Office/Warehouse DBA: ELMCO Occupancy: B

Building Owner: WESTERN CONTRACT FURNISHERS Construction Type: III N

Owner Address: _____ Sprinkled? Yes No

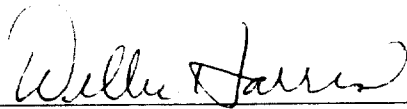
Portion of Building Occupied: 100% Suite A Area: 11,768 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: Fire sprinkler remains outstanding. Fire Dept. approved a TCO (AB/RW)

TCO expires 07/23/00

06/23/00

Date



Sign

DENNIS RICHARDSON

CHIEF BUILDING OFFICIAL

[TCO approvals: Wilhelm/Wagner/Leiker/Berreis]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

30 DAY **TEMPORARY**
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1921 STADIUM BL BLD C Permit No. 0000466

Building Use: NEW SHELL OFFICE/WAREHOUSE Occupancy: S/B

Building Owner: COMMERCIAL INVESTMENTS INC Construction Type: III-N

Owner Address: 8413 JACKSON BL SACRAMENTO Sprinkled? [] Yes [] No

Portion of Building Occupied: BLD. C Area: 47054 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

2/8/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:GD,JXE.AC,MG,SB]

BC 109.4 TEMPORARY CERTIFICATE

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