

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60/B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APPLS		
B18 EXTERIOR LATH/SIDING		
B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P46/43 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P48 GAS TEST		
E68 POWER POLE		
E67 TEMP. POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE:	SIGNED:	
	FINAL APPROVALS	
B29 BUILDING	FINAL INSP. NO.	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
F94 FIRE		
S92 SITE		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

BUILDING SITE ADDRESS: 1530 S ST. SUITE: 1

ASSESSOR: NAME OF APPLICANT: ADDRESS: COMMUNITY PLAN NO.: ZIP CODE: PHONE NO.:
 LICENSE CONTRACTOR: Mahesh Foster
 PROPERTY OWNER: Ed. & Debra
 ARCH. ENGR.

NO. OF STORIES: NO. OF ROOMS: ROOF COVERING: AREA 1ST FLOOR: TOTAL AREA: GARAGE AREA: PATIO AREA: USE ZONE: STREET WID.
 THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: adding low voltage lighting at carapet (revision to PC# 0203070) duplicate
 SPECIAL CONDITIONS ATTACHMENTS:
 CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191 INSPECTIONS

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: _____

(This section need not be completed if the permit is for one hundred dollars (\$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: _____ Applicant: _____ (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

ISSUED BY:	VALUATION \$	FIRE SP.	FED CODE	PERM NO.
DATE ISSUED				
BUILDING PERMIT FEE \$				
PLAN CHECK/PROC. FEE \$				
S.M.L. FEE \$				
CONST. EXCISE TAX \$				02
CITY BUS LICENSE \$				1
TECH. FEE \$				
WATER DEV. FEE \$				
CITY SEWER DEV. FEE \$				6
REG. SEWER FEE \$				7
RESIDENTIAL CONST. TAX \$				8
TOTAL \$				1

APPLICATION FOR COMMERCIAL BUILDING PERMIT

ACTIVITY # 0316781
 Insp. Area 1

Applicant to complete all areas down to valuation

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

ADDRESS 1530 S STREET
 SUITE
 PARCEL # REVISION

CONTACT Name <u>EAST END CONTS</u> Street Address <u>1530 S ST</u> City/State/Zip <u>SACRAMENTO CA 95841</u> Phone _____ FAX _____ E-mail: _____	ARCHITECT/ENGINEER Name <u>WELTONS INC</u> Address <u>1109 22 ST</u> City/State/Zip <u>SAC, CA 95816</u> Phone _____ FAX _____ E-mail: _____
LICENSED CONTRACTOR Lic No. # <u>509780</u> Name <u>WILSON & FORSTER</u> Address <u>1500 S STREET</u> City/State/Zip <u>SAC, CA 95814-7119</u> Phone <u>916-477-5550</u> FAX _____ E-mail: _____	OWNER Name <u>LOFT WORKS LLC</u> Address <u>11211 GOLD COUNTRY BLVD</u> City/State/Zip <u>GOLD RIVER CA 95620</u> Phone <u>916-638-2900</u> FAX _____ E-mail: _____

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

WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INSTALLATION OF LED LIGHTING ON ROOF

OCCUPANT/TENANT: _____
 VALUATION: \$ 20,000

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 type="checkbox"/> () () REM <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>	
INSPECTION DISCIPLINES			
BLDG		MECH	
PLUMB		ELEC	
SITE		FIRE	
# Stories	1 st Flr Area	Total Area	Use Zone
Occp Group	Const type	Fire Reg. Y/N	SPR ALARM
Fed Code	Vio. File		
D	PW	UTTL	

COMMENTS: REVISION
REVISION
 CITY OF SACRAMENTO
 JAN 02 2004

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