

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

**Permit No: 9712841**  
**Insp Area: 1**

**Site Address: 6496 BROADWAY SAC**  
Parcel No: 0150084004

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

CONTRACTOR  
THORNTON, GLENN PLUMBING  
5405 DORSET WY  
SACRAMENTO, CA  
Phone: 916-441-4387

OWNER  
2311  
SAN FRANCISCO CA 95820  
Phone:

ARCHITECT  
CHIN KAAAN WAA  
Phone:

**Nature of Work: INSTALLATION OF BACKFLOW DEVICE**

**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-36 License Number 278423 Date 2/16/97 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 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 or 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 or 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.

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 \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_ (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 2/16/97 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.**

Planning Division COMMERCIAL PRELIMINARY

BUILDING CHECK ONE:

- Over the counter review and issue permit \_\_\_\_\_
- Will be taken in and reviewed for site conditions \_\_\_\_\_
- Will be taken in but not reviewed for site conditions \_\_\_\_\_
- Information only, pre-submittal information \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project address: 6496 BROADWAY  
APN: 015-0084-009 Current site use: \_\_\_\_\_

INITIAL

Need to verify AN Proposed Site use: \_\_\_\_\_

Describe what is being requested: APPROVAL & COMMENTS  
NEED PARCEL #!

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Zone C-2 Overlay / SPD / PUD / R-review \_\_\_\_\_

- Planning staff Review required \_\_\_\_\_
- Planning Hearing required \_\_\_\_\_
- Design Review required \_\_\_\_\_
- No Planning Issues \_\_\_\_\_
- Counter ok review by site cond. \_\_\_\_\_

Prior Applications on site P# \_\_\_\_\_ Z# \_\_\_\_\_

DR# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning review by: \_\_\_\_\_ Date: \_\_\_\_\_

- MUST BE REVIEWED BY PLANNING
- |                 |                      |               |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants   |
| Churches        | Day care             | Sidewalk Cafe |
| Drive-through   | Lot Line adjustments |               |
| Medical Offices | Bars                 |               |

SECURITY GATES  
CELLULAR COMMUNICATION FACILITIES