CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

9909215 Permit No:

Insp Area:

Site Address: 7901 LA RIVIERA DR SAC

Parcel No:

079-0010-042

#7889-7891

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

CONTRACTOR W&G CONSTRUCTION **OWNER**

ARCHITECT

COLLEGE GARDENS II 3600 MADISON AV N HIGHEANDS CA

Nature of Work: ELIMINATE CENTRAL BOILER SYSTEM/INSTALL WATER HEATERS IN

FA. UNIT								
CONSTRUCTION of the work for which	N LENDING AGENCY: I hereby affirm und this permit is issued (Sec. 3097, Civ. C).	er penalty of perjury that th	ere is a construction lending agency for the performance					
Londer's Name	meLender'sAddress							
commercing with se	etion 7000) of Division 3 of the Business and Pro	fessions Code and my licen	rjury that I am licensed under provisions of Chapter 9 se is in full force and effect.					
Lucinse Hass ይ _	License Number 6 5 27/16 Date	10-21-91 Contra	ctor Signature // // // // Constitution of the signature					
reliawing reason (Secarly structure, prior to of the Contractors I. exempt therefrom an	2. 7031.5, Business and Professions Code; any cit of its issuance, also requires the applicant for such homes. Law (Chapter 9) (commencing with Section	y or county which requires permit to file a signed state on 7000) of Division 8 of t	am exempt from the contractors License Law for the a permit to construct, alter, improve, demolish, or repair ment that he or she is licensed pursuant to the provisions he Business and Professions Code) or that he or she is my applicant for a permit subjects the applicant to a civil					
for sale (Sec. 7044, thereon, and who do sale. It however, the	Business and Professional Code: The Contractors such work himself or herself or through his/he	ors License Law does not a r own employees, provided	do the work, and the structure is not intended or offered apply to an owner of property who builds or improves that such improvements are not intended or offered for builder will have the burden of proving that he/she did					
Cocci The Contracto	the property, am exclusively contracting with lors License Law does not apply to an owner of preparation to the Contractors License Law).	licensed contractors to con- roperty who builds or impro	struct the project (Sec. 7044, Business and Professions oves thereon, and who contracts for such projects with a					
Lam exe npt u	nder SecB & PC for this re-	ason:						
Date	Owner Signature_							
all measurements and or private agreement	Hocations shown on the application or accompan	ying drawings and that the such improvements. This l	epresentation of the applicant, that the applicant verified improvement to be constructed does not violate any law building permit does not authorize any illegal location of					
relating to building c	onstruction and herby authorize representative(s)	of this city to enter upon the	mply with all city and county ordinances and state laws abovementioned property for inspection purposes.					
Date 10-21	-99 Applicant/Agent S	Signature /	115					
WORKER'S COM Unave and will performance of work	MPENSATION DECLARATION: I hereby I maintain a certificate of consent to self-insure for which the permit is issued	affirm under penalty of per or workers' compensation as	jury one of the following declarations: provided for by Section 3700 of the Labor Code, for the					
have and wi which this permit is i	Il maintain workers' compensation insurance, as ssued. My workers' compensation insurance carri	required by Section 3700 or and policy number are:	of the Labor Code, for the performance of the work for					
१ मालाहा		Policy Number	Exp Date					
sital increamples any	need not be completed if the permit is for \$100 or person in any manner so as to become subject compensation provisions of Section 3700 of the	to the workers' compensati Labor Code, I shall forthw	performance of the work for which this permit is issued, I on laws of California and agree that if I should become ith comply with those provisions.					
Oute 10-21-	14 Applicant Signatu	ire 11 ~ 4						

WARNING. FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO RAMINAL PLNALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF OMPLINSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

CITY OF SACRAMENTO APPLICATION FOR COMMERCIAL BUILDING PERMIT

SERVICES DIV	/ISION	IVITY #		In	sp. Area								
	FAY 264-70	16 Øn	Applican	t MUST compl	ete <u>ALL Un</u>	shaded areas							
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24010	, , , , , ,		INEV	, // A 3	Suite								
						(, , , , , , ,							
Name Orina Hunt					Name $\omega \neq G$ Coast.								
Address					Address 3600 Madison Ave N.H.								
PhoneFAX					Phone 344-1411 FAX 344-1148								
			Cell	505-896	3								
ARCHITECT/ENGINEER					OWNER								
Name //A					Name Aftordable Community Housing								
Address													
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	ТСТ #			EM MG	TION DATE.								
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PLINES	BLDG	MECH	PLUMB	ELEC	SITE	FIRE							
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Total Area	Use Zone	Occp Group	1 14 14 14	Fire Req. Y / N SPR ALARM	SITE	FIRE Vio. File							
a de la compansión de l		edition .	Const type	Fire Req. Y / N	SITE Fed Code	FIRE Vio. File [H] [Quad]							
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	CONTACT H CONTACT H FAX CHITECT/ENGINE FAX any employees on the PENSATION POL IN DETAIL: CHITECT FAX THE CONTACT THE CONTAC	CONTACT FAX CHITECT/ENGINEER FAX TAX Any employees on the jobsite? PENSATION POLICY # IN DETAIL: PARIL: PARIL	CONTACT FAX FAX PH CHITECT/ENGINEER AA FAX PE PENSATION POLICY # IN DETAIL: CACL UNIT WILL GE FAX FAX FAX FAX PI FAX FAX FAX PI FAX FAX FAX FAX FAX FAX FAX FA	Applican (916) 264-7619 FAX 264-7046 LICENSED (Name 2) Address 3 (Phone 3 4 E-mail any employees on the jobsite? No Yes + INSURAN PENSATION POLICY # IN DETAIL: License of the posite? No Yes + INSURAN PENSATION POLICY # IN DETAIL: License of the posite? No Yes + INSURAN PENSATION POLICY # IN DETAIL: License of the posite? No Yes + INSURAN PENSATION POLICY # IN DETAIL: License of the posite? No Yes + INSURAN PENSATION POLICY # IN DETAIL: License of the posite? No Each UNIT 199 UNITS TOTAL 16 B TT:	Applicant MUST completed by the second secon	Applicant MUST complete ALL Un (916) 264-7619 FAX 264-7046 LICENSED CONTRACTOR Lic No. # 6 Name W & Cowst. Address 3600 Madis N Av Phone 344-1411 FAX 34 Email 505-8963 CHITECT/ENGINEER Name Affordable Community Address 2020 Brady Liv Address 2020 Brady Liv FAX Phone 286-8831 FAX E-mail any employees on the jobsite? No Yes + INSURANCE CO: PENSATION POLICY # EXPIRATION DATE: AND DETAIL: Expiration Date: Sin Detail: Applicant MUST complete ALL Un The Uillas Suite OWNER Name Affordable Community Address 2020 Brady Liv EXPIRATION DATE: Sin Detail: Expiration Date: Sin Detail: Sin Detail							

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