

CITY OF SACRAMENTO

Permit No: 0612979

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Insp Area: 1

Site Address: 1118 7TH ST SAC

Thos Bros: 297C4

Parcel No: 006-0091-023

Sub-Type: HSG

Housing (Y/N): Y

CONTRACTOR
BRADY ELECTRIC
PO BOX 1986
WSAC CA 95691

OWNER
RIVER VALLEY PROPERTIES
126 MERING CT
SACRAMENTO, CA 95864

ARCHITECT

Nature of Work: #06-012928--Rewire existing circuit to a/c unit. Extend existion circuits @ coffee counter.

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 777330 Date 8-22-06 Contractor Signature *L.M. Brady*

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 _____

PAID
CITY OF SACRAMENTO
AUG 23 2006

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 improvement. 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8-22-06 Applicant/Agent Signature *L.M. Brady*

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 _____ 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 8-22-06 Applicant Signature *L.M. Brady*

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.

(06-012928)

CITY OF SACRAMENTO
Development Services Department - Building Division

New City Hall
15 I Street, 3rd floor
Sacramento, CA 95834
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

| | |
|------------|------------|
| ACTIVITY # | Insp. Area |
| | 0012979 |

Applicant MUST complete ALL Unshaded areas

ADDRESS 1118 7th St. Sac. CA. Suite _____
PARCEL # _____

| | | | |
|---|--|--|--|
| CONTACT Name <u>Michael Brady</u> Street Address <u>6819 Richlands way</u> City/State/Zip <u>Sac. CA.</u> Phone <u>916-847-4687</u> FAX <u>916-689-4452</u> E-mail: _____ | | LICENSED CONTRACTOR Lic No. # <u>777330</u> Name <u>Brady Elec.</u> Address <u>6819 Richlands way</u> City/State/Zip <u>Sac. CA.</u> Phone <u>916-847-4687</u> FAX _____ E-mail: _____ | |
| ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | | OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ 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: Rewire existing circuit to A/C unit.
extend existing 110V/20A. circuits at coff counter.

OCCUPANT/TENANT: _____ VALUATION: \$ _____

| | | | | | | | | | | |
|------------------------|--------------------------|-------------------------------|--------------------------------|------------------------------|---------------------------------|----------------------------------|-----------------------------|-------------------------------|------------------------------|--------------------------------|
| 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"/> | SW <input type="checkbox"/> | FIRE <input type="checkbox"/> | ADD <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| INSPECTION DISCIPLINES | | BLDG | MECH | PLUMB | BLEC | SITE | FIRE | | | |
| Stories | 1 st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y/N | Fed Code | Vio. File | | |
| | | | | | | SPR | ALARM | | | |
| 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? Yes No

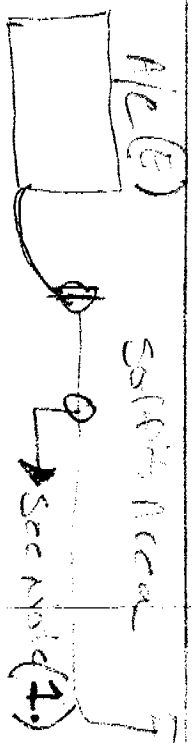
#0612979

from Hudson

7th St

L.S.T

NIS 7th St



Store front

race counter



note 1. Replace existing wire, with approved race way #2#12, 1-#12. gnd.

note 2. extend E. circuit using 1/2" e. with 2#12, 1#12 gnd.

race counter

E.J. BX

118 7th St. Sec. 21.

RECEIVED
AUG 22 2005
ISSUED

THE APPROVAL OF ALL ELECTRICAL WORK IS SUBJECT TO FIELD INSPECTIONS.

CITY COPY

APPROVED PER 2002
 NATIONAL ELECTRICAL CODE
LDY 8-23-06
 ELECTRICAL DIVISION