

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9908277
Insp Area: 2

Site Address: 7620 WINDBRIDGE DR SAC
Parcel No: _____ Housing (Y/N): _____

Sub-Type: COM
N

CONTRACTOR
NEI MAR CONSTRUCTION
1317 SILICA
SACRAMENTO CA 95815

OWNER

ARCHITECT

Nature of Work: REPLACE SIDING AND DRY ROT REPAIR

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 31 License Number 408884 Date 7/28/99 Contractor Signature Henry V. Bantels

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 7/28/99 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.

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 7/28/99 Applicant/Agent Signature Henry V. Bantels

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 FINANCIAL PACIFIC Policy Number 151870A Exp Date 09/17/1999

(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 7/28/99 Applicant Signature Henry V. Bantels

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.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 F Street, Rm. 200
Sacramento, CA 95814 (916) 224-5619 FAX (916) 261-7046

ACTIVITY _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas

ADDRESS 7620 Lundbridge Drive S.W. Suite _____
PARCEL # 031-110-000

Name <u>Vince Bledsoe</u> Address <u>9708 Ravenna Blvd #200</u> Phone <u>338 0070</u> FAX <u>338 0614</u> E-mail <u>bledsoev@comcast.com</u>		LICENSED CONTRACTOR Lic No. # <u>988824</u> Name <u>Melmore Const INC</u> Address <u>4700 Ravenna Rd Ste 101 N.H. Ct</u> Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name _____ Address _____ Phone _____ FAX _____ E-mail _____		OWNER Name <u>G. W. Williams</u> Address <u>3170 Starview #200</u> Phone <u>338 2222</u> FAX <u>338 990</u> E-mail _____	

→ Will permittee have any other permits? No Yes INSURANCE CO. Quila Eagle
 → WORKER'S COMPENSATION WCCB 10530 EXPIRATION DATE: 7-1-00

NATURE OF WORK SEAS Replacement / Dry Rot Repair

OCCUPANT/TENANT: _____ VALUATION: \$100 (0)

FLOOD STATUS		JOB DESCRIPTION		REMARKS		FIRE RISK		OTHER	
SC		PLUMB		SITE		FIRE		FIRE	
# Stories	Height	Occupancy	Const type	Fire Risk	Fire Risk	Fire Risk	Fire Risk	Fire Risk	Fire Risk

COMMENTS

REGIONAL HEALTH DEPARTMENT? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TESTS REQUIRED? Provided Faxed