

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105599
Insp Area: 2

Site Address: 7250 POCKET RD SAC
Parcel No: 031-0860-004

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

CONTRACTOR
FORSBERG SCHALLER INC
2010 ARROYO VISTA WY
EL DORADO HILLS CA 95762

OWNER
MURPHY FAMILY TRUST
3249 19TH ST
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: NEW WATER SERVICE

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 B License Number 775765 Date 5/4/01 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 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 _____ 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 5/4/01 Applicant/Agent Signature [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 STATE FUND Policy Number 40600256 4 2001 Exp Date 10/01/2001

(This section need not be completed if the permit is for \$100 or less) I certify that I have read the provisions of Section 3700 of the Labor Code 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 5/4/01 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.

Date of Request: _____
By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 7250 POCKET ROAD

Assessor's Parcel Number: 031-0860-004

Previous Use: SFR

Description of Request/Proposed Use: ~~RE~~ INSTALL WATER SERVICE

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): 1R00-097 Zoning Designation: A

Comments: NO PLANNING REVIEW REQ'D

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 5/4/2001

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL



BACKFLOW PREVENTION ASSEMBLY TEST REPORT
SACRAMENTO COUNTY – ENVIRONMENTAL HEALTH DIVISION
 OFFICE (916) 875-8440 • FAX (916) 875-8513

WATER CUSTOMER INFORMATION		ASSEMBLY INFORMATION	
NAME: <u>PAM MURPHY</u>		TYPE: <u>RP</u>	SIZE: <u>1"</u> MFG: <u>Wilkins</u>
MAIL ADDRESS: <u>7260 Pocket RD</u>		MODEL: <u>975</u>	SERIAL NO.: <u>1206028</u>
CITY, STATE, ZIP: <u>SACTO CA 95831</u>		<input type="checkbox"/> EXISTING = REFERENCE NO.:	
CARE OF:		<input type="checkbox"/> REPLACEMENT = OLD ASSEMBLY SERIAL NO.:	
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED		<input checked="" type="checkbox"/> NEW = PLUMBING PERMIT NO.: <u>0005675</u>	
SERVICE ADDRESS: <u>7260 Pocket RD</u>		CITY: <u>SACTO</u>	
WATER PURVEYOR: <u>SACTO</u>		IF APPLICABLE, METER NO.:	
ASSEMBLY LOCATION: <u>100' NORTH OF BACK FENCE ALONG EAST SIDE OF Prop</u>			

(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE		AIR INLET VALVE	CHECK VALVE
	INITIAL TEST	HELD AT: <u>87</u> PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: <u>35</u> PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>	
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID	

COMMENTS:

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>630</u>	START TIME: _____
END TIME: <u>645</u>	END TIME: _____
DATE: <u>6-25-01</u>	DATE: _____

ASSEMBLY: PASSED FAILED TAG NO.: A15642
 * If FAILED, please notify appropriate water purveyor within 24 hours!

SACRAMENTO COUNTY CERTIFICATION NUMBER: 263

MAIL ORIGINAL TO: ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

PLEASE PRINT YOUR NAME: Joe Meistas

 Signature of Tester