

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014569
Insp Area: 3

Site Address: 4201 FLORIN PERKINS RD SAC
Parcel No: 061-0150-058

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

CONTRACTOR
CAPITOL CONTRACTORS
P.O. BOX 276430
SACRAMENTO 95827

OWNER
FLORIN-PERKINS LANDFILL
SACRAMENT CA
95827

ARCHITECT

Nature of Work: TEMP'Y FIRE SUPPLY SYSTEM

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 _____ Date _____ Contractor 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).

PAID
CITY OF SACRAMENTO

I am exempt under Sec _____ B & PC for this reason: _____

Date 1/5/2001 Owner Signature Cal Brown **JAN 08 2001**

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the applicant to verify that the proposed improvements 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.

NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

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 1/8/2001 Applicant/Agent Signature Cal Brown

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 1/8/2001 Applicant Signature Cal Brown

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 1231 I Street, Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

ACTIVITY # 0014569	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4201 Florin Perkins Rd Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name BROWN</p> <p>Street Address 4201 FLORIN PERKINS</p> <p>City/State/Zip CA</p> <p>Phone 383-2816 FAX 383-2816</p> <p>E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # 702706</p> <p>Name CAPTOL CONT.</p> <p>Address P.O. 276430</p> <p>City/State/Zip SACTO CA</p> <p>Phone 383 2660 FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name BERGMAN</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone 383 2660 FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name FLORIN-PERKINS LANDF.</p> <p>Address P.O. Box 276430</p> <p>City/State/Zip SACTO CA 95827</p> <p>Phone 383 2660 FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKERS COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: temporary fire supply system

OCCUPANCY: _____ VALUATION: \$ 49999

FLOOR #		S.C.A.T.							
JOB DESC	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION	PLUMB	BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y) N	Fed Code	Vio. File	[H]	[Quad]
(B)	P	M	E	(F)	(SPR)	ALARM	D	PW	(UTIL)

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

