

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9713815
Insp Area: 1

Site Address: 95 SCRIPPS DR SAC
Parcel No: 2950370007

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

CONTRACTOR
MARK SWEEDEN CONST
2351 SUNSET BL #170-225
ROCKLIN CA 95765
Phone: 916-624-5042

OWNER
PLASTIC SURGERY ASSOCIATES
95 SCRIPPS DR
SACRAMENTO CA 95825
Phone:

ARCHITECT
Phone:

Nature of Work: INSTALL REDUCED PRESSURE BACKFLOW ASSEMBLY. A SEPARATE PERMIT IS REQD IF A PUMP IS REQD TO BOOST WATER PRESSURE

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 328488 Date 10-8-97 Contractor Signature Mark Sweeden

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 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 or 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 or 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 10-8-97 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.

Date 10-8-97 Applicant/Agent Signature Mark Sweeden

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 No employees Policy Number _____

(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 10-8-97 Applicant Signature Mark Sweeden

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.

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION



Issued letter: **SEP 01 1997**

8475 JACKSON RD SUITE 240
SACRAMENTO, CA 95826
Office (916)386-7682
FAX (916)386-7011

CROSS CONNECTION CONTROL SURVEY FORM

Service Address: 95 SCRIPPS DRIVE
Water Customer: THE PLASTIC SURGERY CENTER
Mailing Address: 95 SCRIPPS DRIVE
(ATTN. MARK L. ROSS) SACRO, CA. 95825
Type of Business: PLASTIC SURGERY CENTER
Contact/Phone: MARK L. ROSS (916) 929-1833
Sacramento City/County Code: CITY #23

AGENCY APPROVALS	
Water Purveyor:	<u>M.D.</u>
Env. Health:	<u>AUG 06 1997</u>
Xcon_1 <input checked="" type="checkbox"/> Tick <input checked="" type="checkbox"/> Retro <input checked="" type="checkbox"/> Letter <input type="checkbox"/>	
County BID:	_____
City BID:	_____
PERMIT NUMBER:	_____

Type of Facility Commercial Residential Industrial Other: _____

	Service Connections	Existing Type of Protection	Required Protection
Domestic:	<u>1</u>	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> AG <input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> AG <input type="checkbox"/> None <input type="checkbox"/> Other _____
Fire:	_____	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> None <input type="checkbox"/> Other _____
Irrigation:	_____	<input type="checkbox"/> RP <input type="checkbox"/> PVB <input type="checkbox"/> None	<input type="checkbox"/> RP <input type="checkbox"/> None <input type="checkbox"/> Other _____

Comments: INSTALL 2" REDUCED PRESSURE BACKFLOW ASSEMBLY AT REAR OF WATER METER #4438, (AT POINT OF SERVICE)

Water Purveyor: CITY OF SACRO. Representative: J. LAURENTI, M. DENASTI
Date of Survey: 7.24.97 Telephone: (916) 433-6229

Please complete the plot plan above. Show streets, structures, water service location, & define point of service.

