



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - [X] all the work authorized by this permit.
B - [X] a portion of the work.
C - [ ] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

- [ ] all of the authorized work.
[X] a portion of the authorized work. (most)

Name schmitz construction Phone (916) 628-4029 Lic# 442698
Address 6050 Thornwood Dr, Loomis, CA 95650
Type of Work Act as General

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_
Type of Work \_\_\_\_\_

3. [ ] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Clifford Faith, Clifford Faith
(Printed name) (Signature)
Date 2/22/06 Case No. Permit No. 0512807
Job Address 3701 17th St, Sacramento, CA 95818

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.