



Downtown Permit Center  
1231 I Street, Suite 200  
Sacramento, CA 95814  
Help Line: 1-916-264-5656

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION  
[www.cityofsacramento.org](http://www.cityofsacramento.org)

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: 1-916-808-4677

### OWNER BUILDER VERIFICATION

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

- A - all the work authorized by this permit.
- B - 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.

a portion of the authorized work.

Name Fidelity National Home Warranty Phone \_\_\_\_\_  
 Address P.O. Box 8127 Walnut Creek CA 94596  
 Type of Work c/o gas water heater

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 [Signature]

Date 6-2-04 Case No. N/A Permit No. 0507780

Job Address 6190 Sepforth way

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