

OFFICE COPY
 B1-8 REV. 7-95
 (20M)

THIS IS A 5 PART FORM
 WRITE ON A FIRM SURFACE

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.)

Lenders Name _____
 Lenders 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 _____ Lic. Number _____
 Date _____ Contractor _____

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.

DUPLICATE
 PD: 01/04/1999 040 JSB
 DATE: 01/04/1999 12:19PM 00002096
 PHT#: H201 SHT RES BLD PT \$75.00
 BLDG PHT-RESID \$2.32
 BUSINESS TAX \$3.00
 TECH SURCHARGE \$80.32
 PC CHANGE

Contractors License Law)

I am exempt under Sec. _____ B & P C 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 of this city to enter upon the abovementioned property for inspection purposes.

Date _____ Signature of Applicant or Agent _____

USE BLACK INK BALL POINT PEN — PRESS FIRMLY

BUILDING SITE ADDRESS 1664 48th STREET		SUITE		INSP. AREA LK
ASSESSOR PARCEL NO. 008-647-010	ADDRESS PO BOX 41176 SACRAMENTO CA	COMMUNITY PLAN NO. 95841-1146	PHONE NO. 348 3097	PLAN CHECK NO.
LICENSED CONTRACTOR DENNIS PEREZ	PROPERTY OWNER LOUISE SIMPSON	ZIP CODE 95819		
ARCH. ENGR.				
NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA
THIS PERMIT IS FOR: <input type="radio"/> BUILDING <input type="radio"/> MECHANICAL <input checked="" type="radio"/> PLUMBING <input type="radio"/> ELECTRICAL <input type="radio"/> FIRE		GARAGE AREA	PATIO AREA	USE ZONE
NATURE OF WORK IN DETAIL REPLACEMENT OF SEWER LINE				
FLOOD STATUS	SPECIAL CONDITIONS ATTACHMENTS	VALUATION	\$ 5800	
		ISSUED BY:		
		DATE ISSUED	1-9-98	
		BUILDING PERMIT FEE	\$ 75.00	
		PLAN CHECK/PROC. FEE	\$	
		S.M.I. FEE	\$	
		CONST. EXCISE TAX	\$	
		CITY BUS LICENSE	\$ 2.32	
		TECH. FEE	\$ 3.00	
		WATER DEV. FEE	\$	
		CITY SEWER DEV. FEE	\$	
		REG. SEWER FEE	\$	
		RESIDENTIAL CONST. TAX	\$	
CITY OF SACRAMENTO BUILDING INSPECTION DIVISION PERMIT SERVICES 264-7619		WORKER'S COMPENSATION DECLARATION		
I hereby affirm under penalty of perjury one of the following declarations:				
<input checked="" type="checkbox"/> 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.				
<input type="checkbox"/> 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: 1461555-98				
<input type="checkbox"/> (This section need not be completed if the permit is for one hundred dollars (\$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: 01-09-98		Applicant: _____ (Signature)		
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES 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 FEES.				
TOTAL FEES		\$ 80.32		

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.