

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0404452

Insp Area: 4
Thos Bros: 277B4

Site Address: 3384 SMOKETREE DR SAC
Parcel No: 225-0950-006 UNIT 303

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

CONTRACTOR
CAL SERVICE ELECTRIC INC
P O BOX 41942
SACRAMENTO CA 95841

OWNER
SMOKE TREE INVESTORSLTD
1764 SAN DIEGO AV
SAN DIEGO CA 92110

ARCHITECT

Nature of Work: REPLACE MAIN BREAKER FOR UNIT 303

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.

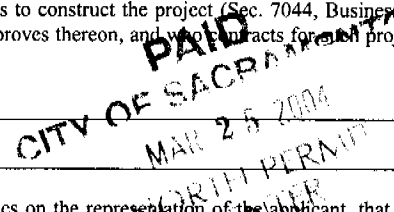
License Class C10 License Number 709122 Date 3-25-04 Contractor Signature [Signature]

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).

I am exempt under Sec. _____ B & PC 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(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date 3-25-04 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
NA 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.

NA 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 0021821-2003 Exp Date 01/01/2005

NA (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 3-25-04 Applicant Signature [Signature]

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.

3334
3384
SMOKETREE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

ACTIVITY # 0404452 Insp. Area

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

Applicant to complete all areas down to valuation

ADDRESS 3384 SMOKE TREE DR Suite 303
 PARCEL # 2250950006

CONTACT		LICENSED CONTRACTOR Lic No. # <u>709122</u>	
Name <u>JOSH SPRINGMEYER</u>	Street Address <u>P.O. BOX 41942</u>	Name <u>CAL - SERVICE ELECTRIC</u>	Address <u>P.O. BOX 41942</u>
City/State/Zip <u>SAC 95841</u>	Phone <u>334-1180</u> FAX	City/State/Zip <u>SAC CA 95841</u>	Phone <u>916-334-1180</u> FAX <u>916-334-1183</u>
E-mail:		E-mail:	
ARCHITECT/ENGINEER		OWNER	
Name	Address	Name <u>CON-AM MANAGEMENT</u>	Address <u>3384 SMOKE TREE DR</u>
City/State/Zip	Phone	City/State/Zip <u>SAC CA</u>	Phone <u>916-927-7200</u> FAX
E-mail:		E-mail:	

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

→ WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL: REPLACE MAIN BREAKER

OCCUPANT/TENANT: _____ VALUATION: \$ 300,000

FLOOD STATUS						S.C.A.T.					
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File		
						SPR	ALARM		PW	UTIL	
B	L	P	M	E	F	S		D			

COMMENTS:

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