CITY OF SACRAMENTO 0008587 Permit No: 1231 I Street, Sacramento, CA 95814 Insp Area: Site Address: 5421 70TH ST SAC Sub-Type: RES Housing (Y/N): N Parcel No: 023-0263-026 ARCHITECT CONTRACTOR OWNER SPRAGG DORA J 6412 CAPITAL DR SACRAMENTO CA 95828-1210 Nature of Work: PANEL UPGRADE, REPAIR EXPOSED WIRING 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'sAddress Lender's Name 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 ____ License Number___ _____ Date _____ Contractor 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 sal. If nowever, 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). B & PC for this reason: I am exempt under Sec. Mowner 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. Lecrity that I have read this application and state that all information is correct. Lagree to comply with all city and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the abovement oned property for inspection purposes. Date July 27, 2000 KApplicant/Agent Signature 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 in surfance, 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: Policy Number Exp Date Garrie (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 to as to bestome subject to Midworkers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Lindon Code, I shall furthwith comply with those provisions.

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.

Applicant Signature

X Dates

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

Improvement &	es/or no)		nstruction of the proposed
2. I (have/have not)		signed an application fo
	d with the following perso		
City		Telephone	<u> </u>
Contractors Li	cense No.		
	e portions of the work, but provide the major work.	I have hired the follo	wing person to coordinate,
Name		Address	
Contractors Lie	cense No		
. I will provide so Work indicated:		contracted (hired) th	e following to provide the
Name	Address	Phone	Type of work
Signed /	ESSING.	***************************************	
Job Address 54	-2-1 70+h s	x bA	E July 27,20
Permit No: OC	08587 R		



DEPARTMENT OF NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO CALIFORNIA

1231 I STREET ROOM 200 SACRAMENTO, CA 95814-2904

916-264-7619 FAX 916-264-7046

DEVELOPMENT SERVICES DIVISION

EXHIBIT 1

I have read a	and am familiar with the contents of the City's Standard
Owner-Builder Noti	fication and Owner-Builder Verification, as required by
California Health an	d Safety Code Section 19830 and 19831. I authorize my
	11.12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	uilder Verification on my behalf.
Signature	- are prayy
Print Name	JUNE DE TENGO
Address	Enter Congression DA
	Now mentage 1 90828
Telephone	(* (8) 35/20236