

HOUSING & DANGEROUS BUILDINGS DIVISION

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APTS.		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47 GAS TEST		
P48 TEMP GAS	ISSUED	EXPIRES
E68 POWER POLE		
E67 TEMP. POWER #		
SWIMMING POOLS ONLY		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE SIGNED		
FINAL APPROVALS		
B29 BUILDING	FINAL INSP. NO.	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		

916 - 302 - 3043 278-05

BUILDING SITE ADDRESS: **2664 CONNOR DR** SUITE
 ASSESSOR PARCEL NO: **210-0832-002** ADDRESS: **PO BOX 95045 WEST VAL CA 95671** COMMUNITY PLAN NO. **95671** PHONE NO. **916-375-0255**

PROPERTY OWNER: **DANIEL BARBIERI**
 ARCH. ENGR. **WEST VAL CA**
 LICENSED CONTRACTOR: **PO BOX 95045 WEST VAL CA**
 LICENSE NO. **95671**

NO. OF STORIES: **1** NO. OF ROOMS: **1** ROOF COVERING AREA 1ST FLOOR: **100** TOTAL AREA: **100** GARAGE AREA: **0** PATIO AREA: **0** USE ZONE: **R3** STREET WIDTH: **30**

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SEWER DISCONNECT

NATURE OF WORK IN DETAIL: **INSTALL NEW 100 AMP PANEL PER RUN OCCONOR: NO ELECTRICAL POWER ISSUES CLEAR**

WRECKING NO. **0** CASE NO. **H000020763** WORK TO BE COMPLETED IN **10** DAYS AS PER BUILDING CODE **10**

DESIGN REVIEW REQUIRED: YES NO

CITY OF SACRAMENTO INSPECTIONS 264-5404 OR 264-5650
 HOUSING & DANGEROUS BUILDINGS DIVISION

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 4700 of the Labor Code for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance as required by Section 4700 of the Labor Code for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy Number: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE FOR ALL EMPLOYEES AND SELF SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF A COMPENSATION CLAIM.

TOTAL FEES: **\$ 190.00**

PLUMBING: **2**

ELECTRICAL: **6**

MECHANICAL: **6**

INSURANCE: **2**

PERMIT NO. **01**

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.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (Yes or no) Yes

2. I have (have/have not) signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name _____ Address _____

Phone _____ Type of work _____

Signed [Signature] 3-2-01
Job Address 2604 CONNIE DR
Permit No: 0102062 H