CITY OF SACRAMENTO			Permit No: 0401673	
1231 I Street, Sac	ramento, CA 95814		Insp Area: 2 Thos Bros: 336F1	
	RIVER ACRES DR SAC 0420-019	PAID CITY OF SACRAME!	Sub-Type: RES TO Housing (Y/N): N	
CONTRACTOR	242 RIVER SACRAME	VA GEORGE FÆDDA AA ZUM ACRES DR INTO CA 9831 NEIGHBORHOODS, FLAN	ARCHITECT VINI	
Nature of Work: GA	S WATER HEATER REPLAC	EW END DEAFTONWENT ZEIG		Walter W
	NDING AGENCY: I hereby affirm nit is issued (Sec. 3097, Civ. C).	under penalty of perjury that there is a	construction lending agency for the perfe	ormance of
Lender's Name		Lender'sAddress		
	CTORS DECLARATION: I her (000) of Division 3 of the Business and P			Chapter 9
License Class Lic	ense Number _ Date	Contractor Signature		
sale (Sec. 7044, Business ar who does such work himsel the building or improvemen- the purpose of sale.)	property, or my employees with wages a nd Professional Code: The Contractors I f or herself or through his/her own empl t is sold within one year of completion, to operty, am exclusively contracting with w does not apply to an owner of property	License Law does not apply to an owne loyees, provided that such improvement the owner-builder will have the burden licensed contractors to construct the pr	r of property who builds or improves the sare not intended or offered for sale. It of proving that he/she did not build or in oject (Sec. 7044, Business and Professi	ereon, and f, however, mprove for ions Code
licensed pursuant to the Con	•			ya Pirka w
I am exempt under Se	B & PC for this Owner Signatur	1. 1. 0.		
measurements and locations private agreement relating to improvement or the violation I certify that I have read this	DING PERMIT, the applicant represers shown on the application or accompand opermissible or prohibited locations for n of any private agreement relating to locate application and state that all information by authorize representative(s) of this city.	nying drawings and that the improvem such improvements. This building pe ation of improvements. n is correct. I agree to comply with all c	ent to be constructed does not violate rmit does not authorize any illegal loca city and county ordinances and state law perty for inspection purposes.	any law or tion of any
THE WALLEY AND A	The same of the sa	<u> </u>	<u> </u>	
I have and will main performance of work for wh	•	re for workers' compensation as provide	ed for by Section 3700 of the Labor Co	
I have and will main this permit is issued. My we	tain workers' compensation insurance, a orkers' compensation insurance carrier at	s required by Section 3/00 of the Labo nd policy number are:	Code, for the performance of the wor	k iui which
Carrier		Policy Number	Exp Date	
not employ any person in an	of the completed if the permit is for \$100 by manner so as to become subject to the isions of Section 3700 of the Labor Code	workers' compensation laws of Califor	nia and agree that if I should become su	sued, Ishall ubject to the
Date 2.04.26	Applicant Signa	ature Waye Wale	plant was assessed to the	
CRIMINAL PENALTIES	O SECURE WORKER'S COMPENSA AND CIVIL FINES UP TO ONE HI GES AS PROVIDED FOR IN SECTION	ATION COVERAGE IS UNLAWFUL UNDRED THOUSAND DOLLARS ((\$100,000) IN ADDITION TO THE	OYER TO COST OF

The state of the s

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.

I personally pla Improvement (in to provide the major	labor and materials for	construction of the proposed		
2. I (have/have no		rk.	signed an application for		
3. I have contracte	ed with the following pe	erson (firm) to provide i	the proposed construction:		
City Sacti	<u> </u>	Telephone 646	Address 230 Having twe Telephone 646.9641		
	cense No. 624 26				
4. I plan to provide Supervise, and p	rovide the major work.	but I have hired the foll	owing person to coordinate,		
City					
	ense No				
	me of the work but I ha	· 	ne following to provide the		
Name	Address	Phone	Type of work		
			·		
Signed Junge	halogue				
Job Address 247	halogue Xon And	,).			
Permit No: OU o	1673				