

OFFICE COPY

THIS IS A 2 PART FORM  
WRITE ON A FIRM SURFACE

USE BLACK INK BALL POINT PEN — PRESS FIRMLY  
SIGN PERMIT APPLICATION

7289  
3125 DIRECT SIGNATURE (A)  
S21524  
S21524

APPLICATOR PARCEL NO 006-0034-008 PERMIT NO. 0102994

LICENSEE CONTRACTOR BUSINESS OWNER  
CPS Speciality Construction Inc 2033 KENNEDY AVE  
STEPHAN ELSAHOED

NAME OF APPLICANT ADDRESS  
006-0034-008 2033 KENNEDY AVE  
STEPHAN ELSAHOED

ZIP CODE PHONE NO  
95678 916 786 3330

SIGN INFORMATION  
I have read the Building Inspection Code and the Building Regulations and I understand the requirements of the Building Inspection Code and the Building Regulations and I agree to comply with the same.

WORKER'S COMPENSATION DECLARATION  
I am 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.

WORKER'S COMPENSATION DECLARATION  
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:  
State Compensation Fund  
6522228400

CITY OF SACRAMENTO  
BUILDING INSPECTION DIVISION  
264-7619  
WORKER'S COMPENSATION DECLARATION

APPROVED BY: myfs DATE: 3-9-01  
DENIED BY: DATE: \_\_\_\_\_

BUILDING INSPECTOR: DATE: 4/20/01  
ELECTRICAL INSPECTOR: DATE: \_\_\_\_\_

SIGN APPLICATOR: DATE: 3/9/01  
SIGN APPLICATOR: DATE: \_\_\_\_\_

FEES RECEIVED: \_\_\_\_\_

SIGNATURE: [Signature]  
DATE: 3/9/01

CITY BUSINESS DIVISION  
TOTAL \$ FEES

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

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