	1231 I Street, Sacramento, CA 95814	Insp Area: 3	
	医医隐虫管医虫虫 医隐瞒性患病病	Thos Bros: 317F1	
	CLA A 3 3 AND A STAN ATTY AND CAC	DEL	100
	Site Address: 3540 4TH AV SAC Parcel No: 013-0143-002	Sub-Type: REM Housing (Y/N): N	
	1 arcel 140. 015-0145-002	Housing (1714). IN	- 설치·
	CONTRACTOROWNERLIBERTY CONSTRUCTIONLEE WILLIAM H/KATHRYN C3540 4TH AVE3540	<u>ARCHITECT</u>	
	SACRAMENTO, CA 95820 SACRAMENTO CA 95817		. 41
•	Nature of Work: FACADE IMPROVEMENT, REROOF TAR AND GRAVEL 28 STEPLACEMENT WINDOWS, AWNING, BRECK, STUCCO, AND DOORS.	SQ, INSTALL	
	CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a of the work for which this permit is issued (Sec. 3097, Civ. C).	construction lending agency for the performance	mance
	Lender's NameLender'sAddress		
*	LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury the (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in f	ull force and effect.	pter 9
*	License Class B License Number 506456 Date Liquit 22.21 Contractor Signature	Hary HOERTY CONS	The
	OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am ex following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a perm any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement th of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a not more than five hundred dollars (\$500.00);	it to construct, after, improve, demolish, or at he or she is neensed pursuant to the prov and Professions Code) or that he or she ise	repair visions xempt
	I, as a owner of the property, or my employees with wages as their sole compensation, will do the for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an o and who does such work himself or herself or through his/her own employees, provided that such improhowever, the building or improvement is sold within one year of completion, the owner-builder will have improve for the purpose of sale.)	wner of property who builds or improves the vements are not intended or offered for sa	ereon, le. If,
	I, as owner of the property, am exclusively contracting with licensed contractors to construct the property. The Contractors License Liw does not apply to an owner of property who builds or improves there 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 representat measurements and focations shown on the application or accompanying drawings and that the improvement private appendix flatters of permissible or prohibited locations for such improvements. This building per improvement or the violation of any private agreement relating to location of improvements.	ent to be constructed does not violate any	law or
	I certify that I have read this application and state that all information is correct. I agree to comply we relating to building construction and herby authorize representative(s) of this city to enter upon the abovement		laws
$ \prec$	Date Chefut 20, 200/ Applicant/Agent Signature	MBERTY CONSTRUCT	ION
	WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.		or the
	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Laborathis permit is issued. My workers' compensation insurance carrier and policy number are:	Code, for the performance of the work for	which
	Carrier EXEMPT Policy Number	Exp Date	
. ,	(This section need not be completed if the permit is for \$100 or less) I certify that in the performa shall not employ any person in any manner so as to become subject to the workers' compensation laws subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith complete to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith compensation provisions of Section 3700 of the Labor Code, I shall forthwith compensation provisions of Section 3700 of the Labor Code, I shall forthwith compensation provisions of Section 3700 of the Labor Code, I shall forthwith the section of the code of the section of the code of	of California and agree that if I should be	
(Date Congrest 20, 200 Applicant Signature Kull Joes	LIBERTY CONSTRUCTION	√
	WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTI	\$100,000) IN ADDITION TO THE COS	

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

Permit No: 0106552

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION	CTIVITY # Insp. Area			
PERMIT SERVICES SECTION	010655Z 3C			
1231 I Street Rm 200	A . I' ATT Y			
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046	Applicant MUST complete ALL Unshaded areas			
ADDRESS 3540 4th Ave	Suite			
PARCEL#				
CONTACT	LICENSED CONTRACTOR Lic No. # 566456			
Name Preprint Touls	Name Liberty Construction			
Street Address 8540 4th Aunus	Address 3540 4th Ananue)			
City/State/Zip Sacromento Ca 95820	City/State/Zip Sacramento			
Phone 916 349 3420 FAX 914 45102 CS	Phone 916 451 0193 FAX 4510285			
E-mail: Liberty gilla sol com	E-mail: Likely 9160 sol. Com			
ARCHITECT/ENGINEER	OWNER			
Name AEC	Name Brondy Tones			
Address 2730 Anden Way #240	Address 1838 for Robles Blued			
City/State/Zip Socruments Cu 95825	City/State/Zip Sacroments Ca 95838			
Phone 916 487 6732 FAX	Phone 916 9248669 FAX			
E-mail:	E-mail:			
NATURE OF WORK IN DETAIL: FACIADE TAIPROVEMENT, NEW ROOF COYETING				
NATURE OF WORK IN DETAIL: FACE De IM	provement, wew Roof covering			
NATURE OF WORK IN DETAIL: FACA DE IM CONTRACTOR AND				
	valuation: \$ 2000			
OCCUPANT/TENANT: /: Don't / De	valuation: \$ 2000			
OCCUPANT/TENANT: /; Don't / S.C.A.1	VALUATION: \$ TI() REM() SW FIRE ADD OTH			
OCCUPANT/TENANT: FLOOD STATUS: S.C.A.T JOB DESCRIPTION BLDG SHELL APT	VALUATION: \$ 12,000 TI() REM() SW FIRE ADD OTH H PLUMB ELEC SITE FIRE			
OCCUPANT/TENANT: FLOOD STATUS: JOB DESCRIPTION BLDG SHELL APT INSPECTION DISCIPLINES BLDG MECI # Stories 1st flrArea. Tokal Area Use Zone Occp Gro	VALUATION: \$ 12,000 T. TI() REM() SW FIRE ADD OTH H PLUMB ELEC SITE FIRE Up Const type Fire Req. Y Fed Code Vio. File			
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OCCUPANT/TENANT: FLOOD STATUS: S.C.A.1 JOB DESCRIPTION BLDG SHELL APT INSPECTION DISCIPLINES BLDG MECI # Stories 1st firArea. Total Area Use Zone Occp Gro J 13 F/S/61 B L P M E	VALUATION: \$ FIRE ADD OTH H PLUMB ELEC SITE FIRE UP Const type Fire Req. Y N Fed Code Vio. File SPR ALARM [H] [Quad] F S D PW UTIL			
OCCUPANT/TENANT: FLOOD STATUS: JOB DESCRIPTION BLDG SHELL APT INSPECTION DISCIPLINES BLDG MECI # Stories Ist flrArea. Tokal Area Use Zone Occp Gro Ist flrArea.	VALUATION: \$ FIRE ADD OTH H PLUMB ELEC SITE FIRE UP Const type Fire Req. Y N Fed Code Vio. File SPR ALARM [H] [Quad] F S D PW UTIL			
OCCUPANT/TENANT: FLOOD STATUS: S.C.A.T. JOB DESCRIPTION BLDG SHELL APT INSPECTION DISCIPLINES BLDG MECH # Stories Ist firArea Total Area Use Zone Occp Gro	VALUATION: \$ VALUA			
OCCUPANT/TENANT: FLOOD STATUS: JOB DESCRIPTION BLDG SHELL APT INSPECTION DISCIPLINES # Stories Ist firArea. Tokal Area Use Zone Occp Gro J 3 6/15/2) B L P M E COMMENTS: COMMENTS:	VALUATION: \$ FIRE ADD OTH H PLUMB ELEC SITE FIRE UP Const type Fire Req. Y N Fed Code Vio. File SPR ALARM [H] [Quad] F S D PW UTIL			
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WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?

dssu/forms/commercialapp. [rev. 03/28/00]

Provided

☐ Faxed