DOUGLOCKELLAND BILLINGS CENTROLAND 1/5 8/24 1/5 0/25 1/5 0		S92	F94	M39	P59	E79	B29				E72	E71	E70	P51				E67	E68	P47/M33		_	P43	٠.,		B22		B17	B19		M31			B 3			_		P40	_=	B10		
ASSESSON PARCELL INAME OF APPLICANT INAME O	HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY				PLUMBING , Va	AL 14783 C	BUILDING			DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIC	ELECTRICAL UNDERGRD	ELECTRICAL PRE-DECK	ELECTRICAL PRE-GUNITE	PLUMBING PRE-DECK	GAS TEST			,,		TEMP GAS ISSUED	5	SPRINKLER SYSTEM	WATER SERVICE	SERVICE UNDERGRD CONDUIT	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SK	STALLATION ABOVE HAS		ROOF PLYWOOD NAIL. COMM. & APTS. EXTERIOR LATH/SIDING	FRAME	ROUGH ELECTRICAL/WALL/CEIL.	TOP MECHANICAL/WALL/CEIL.	INSULATION/WALL/FLOOH	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGN	- 10	DO NOT COVER LINTIL INSTALLATION ABOVE HAS BEEN SIG	ELECT. CONDUIT-SLAB	ELECT. UNDERGROUND	MECH/UNDERFLOOR/SLAB	PLUMB. UNDERFLOOR/SLAB	CONCRETE SI AR FORMS	FOUNDATION FORMS	SPECTOR	NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELEC PLUMBING OR MECHANICAL WORK WITHOUT INSPISION SIGNATURE IN PROPER PLACE.
COMMUNITY PLAN NO. ESS ZIP CODE LICENSE NO. TOTALAREA GARAGE AREA PATIO AREA JUST PLAN CALL LICENSE NO. PLAN CHECK SEMERATER DEV FEE SEMERATER SEMERATER DEV FEE CONST. TAX SISTED NTIAL REGIOENTIAL SEMERATER SEMERATER SEMERATER SEMERATER SEMERATER CONST. TAX STOTAL FEES NAME OF THE SEMERATER SEMERATER CONST. TAX STOTAL FEES NAME OF THE SEMERATER SEMERATER CONST. TAX STOTAL FEES NAME OF THE SEMERATER SEMERATER CONST. TAX STOTAL FEES NAME OF THE SEMERATER SEMERATER CONST. TAX SEMERATER SEMERATER SEMERATER CONST. TAX STOTAL FEES NAME OF THE SEMERATER	AS PROVIDED FOR IN SECTION 4706 OF	Store the Ol Nothbox Ni tonomist		WARNING: FAILURE TO SECURE WORKERS		Applicant.	forthwith comply with those provisions	to the workers	workers compensation laws of California and a	\$10			I VIII I I WIII IVVI	Policy Nimber	Carrier,	Nix workers	Sequent 3700 of the Labor Code, for the perform	I have and will maintain workers compen	performance of work for which the permit is issue	workers' compensation as provided for by Section			WORKER'S COMPENSATION	BUILDING INSPECTION DIVISION	CITY OF SACRAMENTO	STATUS	EL COD	Katety	MANA		SOILDING			NO DE STORIES NO DE ROOMS		ABOU ENDO		PROPERTY OWNER		LICENSED CONTRACTOR	NAME OF ADDITIONT		1150
OMMUNITY LAN NO. ZIP CODE REA PATIO AREA USE S S S S S S S S S S S S S S S S S S	NIESS	COMPLANATION DAMAGES	EMPLOYER TO CRIMINAL TO THE STATE OF THE STA	COMPENSATION COVERAGE			CON	1 shall	subject				WATER	TECH	LICENSE			as required by		Labor Code, for the	sure for			264-5191	INSPECTIONS	ATTACHMENTS:		<u></u>		11.0/01	PLUMBING	S I I I I I I I I I I I I I I I I I I I		TOTAL AREA							ADDRESS		
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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)													
		· · · · · · · · · · · · · · · · · · ·												
2		or the proposed work.		signed an application for										
3.	I have contracted w	ith the following perso	n (firm) to provide th	ne proposed construction:										
	Name		_Address											
	City		Telephone											
	Contractors Licen	se No.												
4.		ortions of the work, but vide the major work.	I have hired the foll	owing person to coordinate,										
	Name		Address											
	City	manana kananan wasan wasan kanana ka sa ah ah ah ah a sa s	Telephone											
	Contractors Licens	se No												
5.	I will provide some Work indicated:	of the work but I have	contracted (hired) the	he following to provide the										
	Name	Address	Phone	Type of work										
Si	gned Alictor	(asti/10												
	•	RUASOr Ci	rcle	X Date										
	armit No													