231 I Street, Sacramento, CA 9	5814	Insp Area:	2	
		Thos Bros:	337J5	
24- A J.J 4022 TOMA CINI SVS	ZEAC	Cub Trues.	DEC	
ite Address: 4832 TOMASINI WY	SAC	Sub-Type:	RES	
rcel No: 117-0694-005		Housing (Y/N)	: N	
NTRACTOR	OWNER	<u>ARCHITECT</u>		
	LANDRY LORNE P/KAREN L			
	4832 TOMASINI WY			
The state of the s	SACRAMENTO, CA 95823			
ature of Work: APPLY APPROX 13	SQ'S OF3-COAT STUCCO			
DNSTRUCTION LENDING AGENCY: work for which this permit is issued (Sec. 3097,		re is a construction lending agend	y for the perf	ormance o
nder's Name	Lender's Address	:		
CENSED CONTRACTORS DECLARA mmencing with section 7000) of Division 3 of the			provisions of	Chapter
ense Class License Number Date	Contractor Signature	·		
e (Sec. 7044, Business and Professional Code: To does such work himself or herself or through h building or improvement is sold within one year purpose of sale.)	ection 7031.5 by any applicant for a permit subject with wages as their sole compensation, will do the Contractors License Law does not apply to an is/her own employees, provided that such improved completion, the owner-builder will have the becontracting with licensed contractors to construct	o the work, and the structure is no owner of property who builds overments are not intended or offerurden of proving that he/she did	ot intended or or improves the red for sale. I not build or in	offered for offere
ensed pursuant to the Contractors License Law).	B & PC for this reason:			
1/30/5	7	21		
te 7/69/00	Owner Signature			· · · ·
assurements and locations shown on the applicativate agreement relating to permissible or prohibit provement or the violation of any private agreement ertify that I have read this application and state the ilding construction and herby authorize representante	ion or accompanying drawings and that the imp ted locations for such improvements. This build nt relating to location of improvements. at all information is correct. I agree to comply wi	rovement to be constructed doe ling permit does not authorize and the all city and county ordinances and property for inspection purpo	s not violate ny illegal loca and state law	any law o
ORKER'S COMPENSATION DECLAR	ATION: I hereby affirm under penalty of perju	ng one of the following declaration	ons:	······································
I have and will maintain a certificate of consformance of work for which the permit is issued.	ent to self-insure for workers' compensation as	provided for by Section 3700 of	the Labor Co	de, for th
I have and will maintain workers' compensat permit is issued. My workers' compensation ins		DS. PLANNING Labor Code for the performan ENTSERVICES	ce of the wor	k for whic
Carrier	Policy Number	Exp Date		
This section need not be completed if the per employ any person in any manner so as to becor rkers' compensation provisions of Section 3700 of		California and agree that if I show	is permit is is: ald become su	sued, Isha ibject toth
te 4/29/05	Applicant Signature	X1)	· · · · · · · · · · · · · · · · · · ·	
ARNING: FAILURE TO SECURE WORKER				

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

Permit No: 0506007

CITY OF SACRAMENTO



CITY OF SACRAMENTO DEVELOPMENT SERVICES DEPARTMENT BUILDING DIVISION

North Permit Center 2101 Arena Blvd., Suite 200 Sacramento, CA 95834 Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1.	Check one below - I or my immediate family (parent, spouse, or child) will perform:
	A - □ all the work authorized by this permit. B - □ a portion of the work. C - □ none of the work.
	If B or C is checked, complete 2 or 3 below.
2.	A State licensed contractor (*) will be hired to do:
	Name <u>Fmanuel Hernandez</u> Phone <u>(G16) 912-0414</u> Address 6536 Ongage AVE SAC. CA: 95823
	5 / '-
	Type of Work OFUCED ON Entire Mouse
	NamePhone
	Address
	Type of Work
	Name Phone
	Name
	Address
	Type of Work
	Name Phone
	Address
	Type of Work
	3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office. I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on
	the reverse side of this form.
	Signed: Property Owner
	Date 4/29/05 Case No
	Job Address 4832 10m45in: WAY S
	above in subcontractors shall be submitted to the Building Inspection

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.