

CITY OF SACRAMENTO

Permit No: 9804987

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 1000 FLORIN RD SAC

Sub-Type: NOTHR

Parcel No: 0310800004

Housing (Y/N): N

CONTRACTOR

VASKO ELECTRIC
4300 ASTORIA ST
SACRAMENTO CA 95838

OWNER

FLORIN 5 DEVELOPERS
540 FULTON AVE
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: install new underground conduit and wiring for addition
pole lights upgrade house panel to 200a

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class C10 License Number 471434 Date 6-26-98 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

____ I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

____ I, as 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).

____ 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 representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 6-26-98 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

____ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

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:

Carrier TIE INSURANCE Policy Number WCW80366049

____ (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6-26-98 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

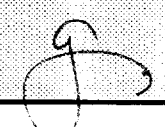
CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/15/98	1/1	6/24/98	1/1	1/1	1/1

PLAN CHECK # 6149x
 ADDRESS: 1000 FLORIN RD
 Commercial Residential



ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
<u>ELECTRICAL</u>	3	LM	6-10-98	13	AM	6/26/98			
FIRE									
PLANNING									

STAFF COMMENTS: _____

CITY OF SACRAMENTO

COMMERCIAL PLAN CHECKING/PERMIT SERVICES SECTION

PC 6149X ADDRESS 1000 Florin Rd

I am in receipt of the above plans and I will return the plans upon my review and completion with the appropriate corrections. I am aware of the fact that my delay or failure in returning the plans to the Building Department may delay the issuance of a permit and may constitute a complete recheck of the plans.

NOTE: RETURN CHECK SET OF PLANS WITH NEXT SUBMITTAL! Please cloud, delta, and date all revisions with next submittal of plans, indicate detail and sheet number in last column where correction was made on plans.

Mitch Lydeveld
REPRESENTATIVE

VASKO Electric
COMPANY REPRESENTING

6-16-98
DATE

CITY USE ONLY

NOTE ON COMPUTER: OKS

DATE OUT: 6-16-98

DATE RETURNED: 6-24-98

OF BLDG SETS: 2

OF BLDG SETS RET: 1

OF SITE SETS: _____

OF SITE SETS RET: _____

OF CYCLES: _____

OF CYCLES RET: _____

CHECKED OUT BY: _____

RETURNED TO: DPB

DATA ENTRY (OUT) BY: _____

DATA ENTRY (RET) BY: _____

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

12/23/97

PRODUCER
 John O Bronson Co II
 PO Box 255387
 Sacramento CA 95865
 License #0425149
 916-974-7800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A TIG Insurance

COMPANY
B

COMPANY
C

COMPANY
D

RECEIVED

JAN 05 1998

VASKO ELECTRIC

INSURED
 VASKO ELECTRIC, INC.
 4300 ASTORIA
 SACRAMENTO CA 95834

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACT'S PROT				GENERAL AGGREGATE PROD-COMP/OP AGG. PERS. & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE(One Fire) MED EXP(Any one person)
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WCN80366049	1/01/98	1/01/99	STATUTORY LIMITS EACH ACCIDENT 1000000 DISEASE-POLICY LIMIT 1000000 DISEASE-EACH EMPL. 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 RE: VARIOUS PROJECTS & LOCATIONS/CALIFORNIA

10 Days Notice of Cancellation for Nonpayment of Premium

CANCELLATION

CERTIFICATE HOLDER

CITY OF SACRAMENTO
 1231 STREET, RM 200
 SACRAMENTO, CA. 95814

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]