

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0416481**

**Insp Area: 1**  
**Thos Bros: 297D3**

**Site Address: 1000 I ST SAC**  
**Parcel No: 006-0044-001**

**Sub-Type: REM**  
**Housing (Y/N): N**

CONTRACTOR

OWNER

ARCHITECT

CITY OF SACRAMENTO  
915 I ST. RM. 12 (ORG)  
SACRAMENTO, CA 95814

**Nature of Work: INSTALL NEW DISHWASHER, ICE CREAM MACHINE AND LIGHT FIXTURE - ADD 220 V CIRCUITS FOR EQUIPMENT**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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 10/01 Owner Signature [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 \_\_\_\_\_ 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 10/01 Applicant/Owner 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 10/01 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

<b>ACTIVITY #</b> 0416481	<b>Insp. Area</b> 1C
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*Applicant to complete all areas down to valuation*

**ADDRESS** 1000 I Street S Suite 100  
**PARCEL #** \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>SURESH KUMAR</u>                  Street Address <u>8409 NEWBY WAY</u>                  City/State/Zip <u>FLIK GROVE CA 95624</u>                  Phone <u>(916) 662-5820</u> FAX <u>446-6312</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>AUTO CHLOR (2) RICK</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>NISHA RAO</u>                  Address <u>8409 NEWBY WAY</u>                  City/State/Zip <u>FLIK GROVE CA 95624</u>                  Phone <u>(916) 681-0565</u> FAX <u>446-6312</u>                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** \_\_\_\_\_  
 → **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** Add Ice cream machine # Dishwasher + add light fixtures (15 + 2200 circuit) Ice Cream

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION:** \$ 1950<sup>00</sup> + 4000<sup>00</sup>

<b>FLOOD STATUS</b>					<b>S.C.A.T.</b>				
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI ( ) <input type="checkbox"/> REM ( ) <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>									
<b>INSPECTION DISCIPLINES</b>			<b>BLDG</b>	<b>MECH</b>	<b>PLUMB</b>	<b>ELEC</b>	<b>SITE</b>	<b>FIRE</b>	
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
B	L	<u>P</u>	<u>M</u>	<u>A-3</u>	<u>F</u>	<u>SPR</u>	<u>ALARM</u>	<u>18</u>	
		<u>1100/13</u>		<u>KLH 13</u>	<u>0's</u>	<u>S</u>	<u>(D)</u>	<u>MAD</u>	<u>PW UTIL</u>

**COMMENTS:** NO FIRE  
JPV

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Yes  No

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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) No

2. I (have/have not) HAVE signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name T B A Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed [Signature]

Job Address 1000 T St Suite 100 Date 10/01

Permit No.: 041648 SAC 95814

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ACTIVITY # <span style="font-size: 1.5em;">0A16481</span>	Insp. Area <span style="font-size: 1.5em;">1C</span>
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Applicant to complete all areas down to valuation

ADDRESS 1000 I Street S Suite 100  
 PARCEL # \_\_\_\_\_

<b>CONTACT</b> Name <u>SURESH KUMAR</u> Street Address <u>8409 NEWBY WAY</u> City/State/Zip <u>ELK GROVE CA 95624</u> Phone <u>(916) 662-5820</u> FAX <u>446-6312</u> E-mail: _____	<b>LICENSED CONTRACTOR</b> Lic No. # Name <u>① AUTO CHLOR ② RICK</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<b>ARCHITECT/ENGINEER</b> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<b>OWNER</b> Name <u>NISHA RAO</u> Address <u>8409 NEWBY WAY</u> City/State/Zip <u>ELK GROVE CA 95624</u> Phone <u>(916) 681-0565</u> FAX <u>446-6312</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Add Ice cream machine # Dishwasher +  
add Light Fixtures (1 + 220v circuit) see Crap w

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 1950.00 + 4000.00

FLOOD STATUS				S.C.A.T.				<u>Dishwasher</u>			
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1" flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
B	L	<u>P</u>	<u>M</u>	<u>A-3</u>	<u>F</u>	<u>SPR</u>	ALARM	<u>18</u>			
				<u>E</u>	<u>F</u>	S		<u>10</u>	PW	UTIL	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Yes  No