

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

Signed: Property Owner Matthew  
Date 1-31-06 Case No. 4840 # str. SAC  
Permit No. 0601297  
Job Address \_\_\_\_\_

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.

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.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Phone \_\_\_\_\_

2. A State licensed contractor (\*) will be hired to do:  all of the authorized work.  a portion of the authorized work.

If B or C is checked, complete 2 or 3 below.  
A -  all the work authorized by this permit.  
B -  a portion of the work.  
C -  none of the work.

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

### OWNER BUILDER VERIFICATION

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION  
North Permit Center  
2101 Arena Blvd, Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677



**PAID**  
CITY OF SACRAMENTO  
JAN 31 2006