

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0607160

Insp Area: 3

Thos Bros: 318F5

Site Address: 5901 FLORIN PERKINS RD SAC

Parcel No: 062-0070-001

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

OWNER

DO THINH T/UT T TRINH
5851 FLORIN PERKINS RD
SACRAMENTO, CA 95828

ARCHITECT

Nature of Work: UPGRADE ELECTRICAL SERVICE PANEL FROM 100 AMPS TO 200 AMPS

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 May 18 06 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 above mentioned property for inspection purposes.

Date May 18 06 Applicant/Agent 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 May 18 06 Applicant 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 DIVISION**  
**PERMIT SERVICES SECTION**  
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <span style="font-size: 1.5em; font-family: cursive;">0607160</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">3</span>
--	--

*Applicant MUST complete ALL Unshaded Areas*

ADDRESS: 5901 Florin Parkin Suite: \_\_\_\_\_

PARCEL #: \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name: <u>TIM DO</u> Street Address: <u>5901 Florin Parkin</u> City/State/Zip: <u>SACRO, CA 95820</u> Phone: <u>916 583-8902</u> E-Mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR Lic No. #</b></p> Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name: <u>TIM DO</u> Street Address: <u>8531 THYS ST</u> City/State/Zip: <u>SACRO CA</u> Phone: <u>916 583-5902</u> E-Mail: _____

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: \_\_\_\_\_

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPRORATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: \_\_\_\_\_

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: 500

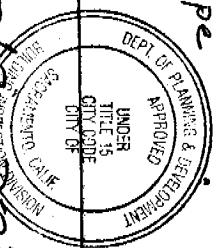
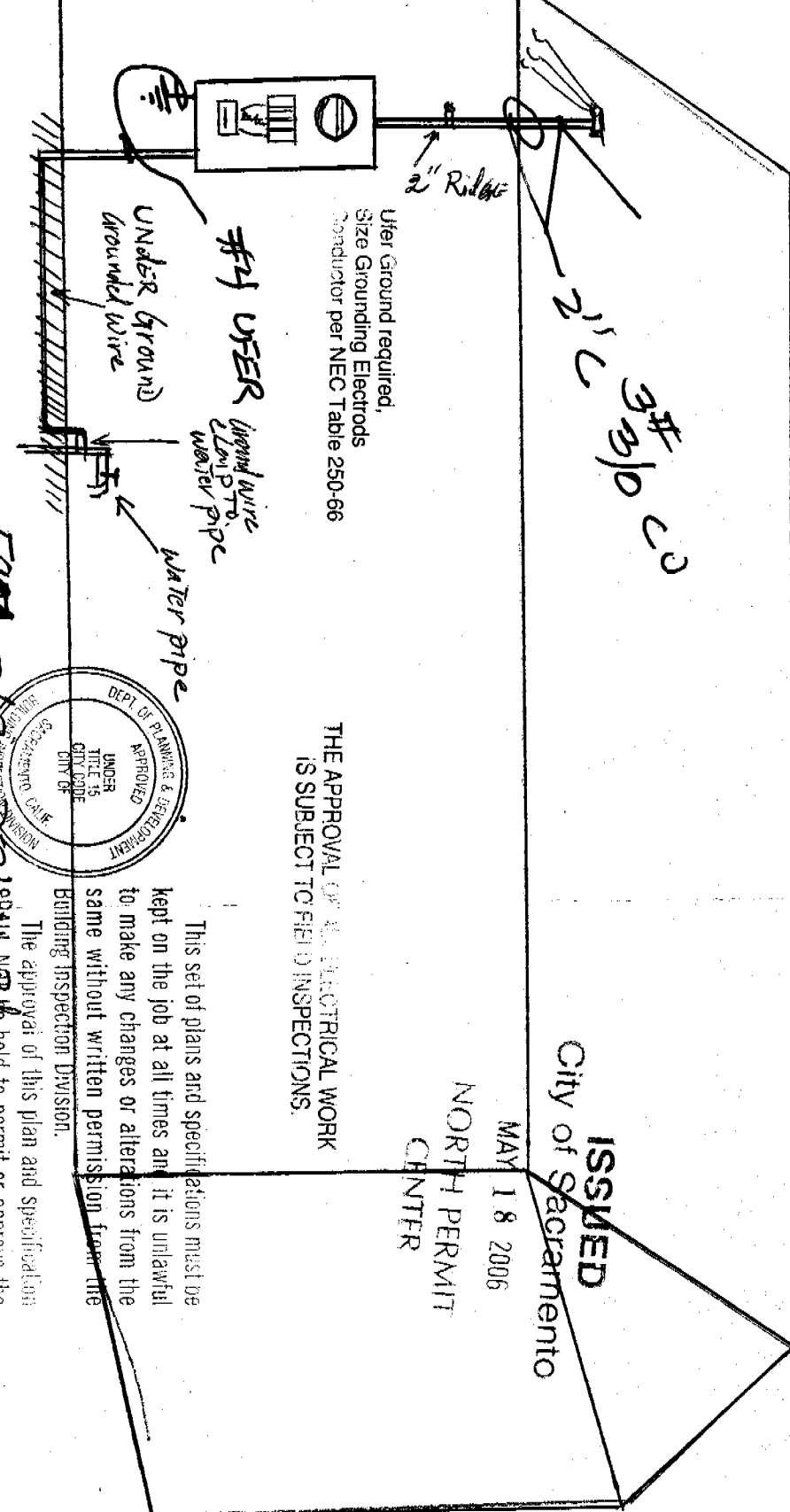
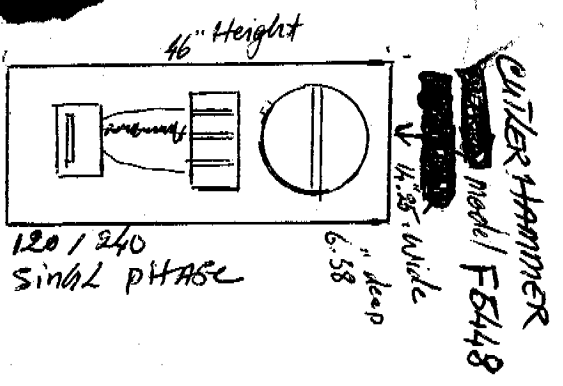
<b>FLOOD STATUS:</b>				<b>S.C.A.T.</b>						
<b>JOB DISCIPTION</b>		<b>BLDG</b>	<b>SHELL</b>	<b>APT</b>	<b>TI( )</b>	<b>REM( )</b>	<b>SW</b>	<b>FIRE</b>	<b>ADD</b>	<b>OTH</b>
<b>INSPECTION DISCIPLINES</b>			<b>BLDG</b>	<b>MECH</b>	<b>PLUMB</b>	<b>ELEC</b>		<b>SITE</b>	<b>FIRE</b>	
<small># Stories</small>	<small>1<sup>st</sup> Fir Area</small>	<small>Total Area</small>	<small>Use Zone</small>	<small>Occp Group</small>	<small>Const type</small>	<small>Fire Req. Y / N</small>		<small>Fed Code</small>	<small>Vio. [H]</small>	<small>File [Quad]</small>
						<small>SPR</small>	<small>ALARM</small>			
<b>B</b>	<b>L</b>	<b>P</b>	<b>M</b>	<b>E</b>	<b>F</b>	<b>S</b>		<b>D</b>	<b>PW</b>	<b>UTIL</b>

COMMENTS: Replace 200 AMP Electrical Panel

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

607160



THE APPROVAL OF ALL ELECTRICAL WORK IS SUBJECT TO FIELD INSPECTIONS.

**ISSUED**  
City of Sacramento  
MAY 18 2006  
NORTH PERMIT CENTER

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.  
The approval of this plan and specification is held to permit or approve the violation of any City Ordinance or State Law.

APPROVED PER 2002  
NATIONAL ELECTRICAL CODE  
AND CITY OF SACRAMENTO  
AMENDMENTS  
5-18-06 [Signature]  
ELECTRICAL DIVISION

5901 FLOREN PERKINS RD CITY COPY

**SMUD**

SACRAMENTO MUNICIPAL UTILITY DISTRICT  P.O. Box 15830, Sacramento, CA 95852-1830. (916) 732-5700  
AN ELECTRIC SYSTEM SERVING THE HEART OF CALIFORNIA

5/17/2006

THINH DO  
5901 FLORIN PERKINS RD  
SACRAMENTO, CA 95823

SUBJECT: 5901 FLORIN-PERKINS RD Notification # 30162480

SMUD's service point for the above subject address is as follows:

**UTILITY POLE # UD061004**

A maximum fault current of 24,900 amps, symmetrical, is based on the largest transformer that could be needed to serve the Single [X] main size of 200 amps.

This information is based on a service configuration of a 120/240 volt, SINGLE phase, THREE wire, DELTA, OVERHEAD service.

Any changes to the above information will require a new Service Commitment Letter from SMUD.

Please feel free to contact me at (916) 732-6986 if you have any questions regarding this information.

Regards,

JOE THOMPSON  
Engineering Designer, Distribution Services  
Sacramento Municipal Utility District

**ISSUED**  
City of Sacramento  
MAY 18 2006  
NORTH PERMIT  
CENTER