



**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:

- all of the authorized work.       a portion of the authorized work.

Name L.R. ELECTRICAL CONTRACTING Phone 383-8513  
 Address 6807 HAVENHURST DR, SACRAMENTO  
 Type of Work CHANGE BREAKER

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

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 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 *Lois J. Guy*  
 Date 8/2/05 Case No. \_\_\_\_\_ Permit No. 0511501  
 Job Address 3106-29<sup>th</sup> AVE - SACRAMENTO, CA

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