

**NOTICE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.**

INSPECTION	INSPECTOR	DATE
FOUNDATION FORMS		
UFER GROUND		
CONCRETE SLAB FORMS		
PLUMB. UNDERFLOOR/SLAB		
MECH/UNDERFLOOR/SLAB		
ELECT. UNDERGROUND		
ELECT. CONDUIT-SLAB		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
FLOOR JOISTS OR GIRDERS		
<b>DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED</b>		
INSULATION/WALL/FLOOR		
TOP PLUMBING		
TOP MECHANICAL/WALL/CEIL.		
ROUGH ELECTRICAL/WALL/CEIL.		
FRAME		
ROOF PLYWOOD NAIL COMM. & APTS.		
EXTERIOR LATH/SIDING		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
INT. LATH OR WALL BD. NAILING		
<b>DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED</b>		
SERVICE UNDERGRD CONDUIT		
SEWER SERVICE		
WATER SERVICE		
SPRINKLER SYSTEM		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
GAS TEST		
TEMP GAS	ISSUED	EXPIRES
POWER POLE		
TEMP POWER #		
<b>SWIMMING POOLS ONLY</b>		
GAS TEST		
PLUMBING PRE-GUNITE		
PLUMBING PRE-DECK		
ELECTRICAL PRE-GUNITE		
ELECTRICAL PRE-DECK		
ELECTRICAL UNDERGRD		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE	SIGNED:	
	<b>FINAL APPROVALS</b>	
BUILDING	FINAL INSP. NO.	
ELECTRICAL	302402	J. M. ... 3-30-99
PLUMBING		
MECHANICAL		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

BUILDING SITE ADDRESS: 7507 Mandy Dr 2R

ASSESSOR PARCEL NO. 011 011 011

NAME OF APPLICANT: Mandy Dr

ADDRESS: 7507 Mandy Dr

PROPERTY OWNER: Mandy Dr

ARCH. ENGR: Mandy Dr

LICENSE NO.:

NO. OF STORIES: 1 NO. OF ROOMS: 1 ROOF COVERING: 1 AREA 1ST FLOOR: 1 TOTAL AREA: 1 GARAGE AREA: 1 PATIO AREA: 1 USE ZONE: 1 STREET WIDTH: 1

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL:

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:

**CITY OF SACRAMENTO INSPECTIONS**  
**BUILDING INSPECTION DIVISION 264-5191**

**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: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

VALUATION	\$	1000
ISSUED BY:		415
DATE ISSUED		3-25-99
BUILDING PERMIT FEE	\$	
PLAN CHECK/PROC. FEE	\$	
S.M.I. FEE	\$	99
CONST. EXCISE TAX	\$	
CITY BUS LICENSE	\$	
TECH. FEE	\$	0
WATER DEV. FEE	\$	2
CITY SEWER DEV. FEE	\$	2
BEG. SEWER FEE	\$	7
RESIDENTIAL CONST. TAX	\$	5
TOTAL FEES	\$	209



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831. I authorize my agent(s) Lupe BRUNO to sign the Owner-Builder Verification on my behalf.

Signature James A Cairn  
Print Name JAMES A CAIRN  
Address PO Box 1155  
DAVIS CA 95617  
Telephone 707-448-6836

ATTN BETH

City of Sacramento