

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

PAID
CITY OF SACRAMENTO

Permit No: 0613429
Insp Area: 1
Thos Bros: 297F5

Site Address: 2604 O ST SAC
Parcel No: 007-0266-004

AUG 30 2006

Sub-Type: COM
Housing (Y/N): N

CONTRACTOR
CWE ENTERPRISES
5710 KEARNY VILLA RD # 204
SAN DIEGO CA 92123

OWNER **NEW CITY HALL**
SIMPSON FAMILY TRUST
2710 KING GEORGE CT
EL DORADO HILL, CA 95762

ARCHITECT

Nature of Work: REPLACE 4 MAIN CIRCUIT BREAKERS (STOLEN)

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 751371 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.)

RP _____, 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 08/30/06 Owner Signature *RP*

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 abovementioned property for inspection purposes.

Date _____ 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 STATE FUND Policy Number 046-0010421 Exp Date 01/01/2007

_____, (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 _____ 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.

CITY OF SACRAMENTO
Development Services Department - Building Division

New City Hall
151 Street, 3rd floor
Sacramento, CA 95834
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

MINOR ELECTRICAL

ACTIVITY #	Insp. Area
0613429	7

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2604 "O" St. Sacramento, CA 95816 Suite ~~75~~
PARCEL # ? (This is the work site) ↑ 007-0266-004

CONTACT Name <u>Same as owner</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>751371</u> Name <u>CITYWIDE ELECTRIC</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		OWNER Name <u>Richard P. Simpson</u> Address <u>2710 King George Ct.</u> City/State/Zip <u>El Dorado Hills, CA</u> Phone <u>(916) 933-1276</u> FAX <u>Same</u> E-mail: <u>rsimpson1243@comcast.net</u>	

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

NATURE OF WORK IN DETAIL: Electrician is replacing master circuit breakers for each apartment unit in my duplex. These breakers were stolen in the a.m. of 8/30/06. Replacement is considered emergency

OCCUPANT/TENANT: _____ VALUATION: \$ _____

FLOOD STATUS				S.C.A.T.						
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	PEUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area:	Total Area	Use Zone	Occp Group	Const type	Fire Req: Y/N		Fed Code	Vio. File	
						SPR	ALARM			
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: The work is being done on the exterior circuit breaker panel of the 4-unit apartment house owned by me.

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

PAID
CITY OF SACRAMENTO
AUG 30 2006
NEW CITY HALL



**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 Citywide Electric Phone 800-565-3441
 Address Contractor license: #751371
 Type of Work Electrical installation & circuit breakers

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 *R. Simpson*

Date 08/30/06 Case No. _____ Permit No. 0613429

Job Address 2604 O St. Sacramento, CA 95816

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