

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007686
Insp Area: 3

Site Address: 5625 24TH ST SAC
Parcel No: 025-0071-033

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

CONTRACTOR
WEST FORK CONSTRUCTION
3801 POWER INN RD
SACRAMENTO 95826

OWNER
BETHANY PRESBYTERIANCHURCH OF SACTO
5625 24TH ST
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: INT REMODEL

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 B License Number 724016 Date 7/07/00 Contractor Signature Debra Owens

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 _____ 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 abovementioned property for inspection purposes.

Date 7/07/00 Applicant/Agent Signature Debra Owens

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 229-00 UNIT 0019113 Exp Date 01/01/2001

_____, (This section need not be completed if the contractor is not self-insured) I shall not employ any person in any manner so 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 7/07/00 Applicant Signature Debra Owens

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
APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 000 7680 Insp. Area 3

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 5625 24th St., Sacramento Suite _____
PARCEL # 025.0071.033

CONTACT Name <u>West Fork Construction</u> Address <u>3801 Power Inn Rd.</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>452-8197</u> FAX <u>452-8190</u>		LICENSED CONTRACTOR Lic No. # <u>724016</u> Name <u>West Fork Construction</u> Address <u>3801 Power Inn Rd.</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>452-8197</u> FAX <u>452-8190</u>	
ARCHITECT/ENGINEER Name <u>West Fork Construction</u> Address <u>3801 Power Inn</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>452-8197</u> FAX <u>452-8190</u>		OWNER [REDACTED] Name <u>Bethany Presbyterian Church</u> Address <u>5625 24th St.</u> <u>Sacramento</u> Zip <u>95823</u> Phone <u>428-5281</u> FAX <u>682-2017</u>	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # 229-00-0019113 EXPIRATION DATE: 1/01/01
 NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: Remodel - AC's wire too small
Title 24 etc. Required - SIMMS Commitment letter and check
A.I.C. rating of equipment - provide floor ground -
Grounding electrode conductor shown too small - Building
may not qualify for separate service - when is other service on
 DBA: _____ VALUATION: \$ 8900.00 property

FLOOD STATUS:				S.C.A.T.:						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BEDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occup Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>A-3</u>	<u>VN</u>	Spr	Alarm		<u>NONE</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No