

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0406338

Insp Area: 3

Thos Bros: 317H1

Site Address: 2628 STOCKTON BL SAC

Sub-Type: NOTHR

Parcel No: 014-0085-039

OAK PARK DESIGN REVIEW AREA

Housing (Y/N):

N

CONTRACTOR

**POWER PLUS
511B EAST CHANNEL RD.
BENICIA CA. 94510**

OWNER

**STOCKTON BLVD PARTNERS
77 CADILAC DR # 210
SACRAMENTO CA 95825**

ARCHITECT

Nature of Work: NEW TEMP.POWER POLE TO SURVE A CONSTR.TRAILER FOR PROJECT @2700 STOCKTON BL

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 C10 License Number 523596 Date 4-26-04 Contractor Signature Paula Quevedo

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 this 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 4-26-04 Applicant/Agent Signature Paula Quevedo

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 INS. CO. STATE OF PA Policy Number WC7165654 Exp Date 03/31/2005

(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 4-26-04 Applicant Signature Paula Quevedo

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.

Suba Please Intialize 4-26-4-T.L.M.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
1231 I Street, Suite 200 or 2101 Arena Bl., 200
Sacramento, CA 95814 Sacramento, CA 95834
(916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # _____ Insp. Area _____

Applicant to complete all areas down to valuation

ADDRESS 2628 Stockton Blvd. Suite _____
PARCEL # D14-0085-039

| | | | |
|---|--|---|--|
| CONTACT Name <u>Power Plus</u> Street Address <u>950 F St.</u> City/State/Zip <u>W. Sacto, CA 95605</u> Phone <u>916-371-5871</u> FAX <u>916-371-6276</u> E-mail: _____ | | LICENSED CONTRACTOR Lic No. # <u>5235916</u> Name <u>SR Bray Corp dba Power Plus</u> Address <u>950 F Street</u> City/State/Zip <u>W. Sacto, CA 95605</u> Phone <u>916-371-5871</u> FAX <u>916-371-6276</u> E-mail: _____ | |
| ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | | OWNER Name <u>JR Roberts</u> Address <u>7745 Greenback Lane Ste 300</u> City/State/Zip <u>Citrus Heights, CA 95610</u> Phone <u>916-825-8719</u> FAX _____ E-mail: _____ | |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Ins. Co of State of PA
→ WORKER'S COMPENSATION POLICY # 643-123-D16 EXPIRATION DATE: 3-31-05

NATURE OF WORK IN DETAIL: Temp power pole for 200 amp meter to run construction trailer
for plan check D400516

OCCUPANT/TENANT: _____ VALUATION: \$ 750.00

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|------------------------|---------------------------|------------|----------|------------|------------|--|-------|----------|--|-----------|--|------|--|------|--|------|--|
| 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 | | PLUMB | | 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: Temp Power Pole to serve a construction trailer for the project at 2700 Stockton Blvd.

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