CITY OF	SACRAMENTO	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	Permit No:	0400557
1231 I Stree	t, Sacramento, CA 95	5814	Insp Area:	2
		The sales of the s	Thos Bros:	316 H7
Site Address	1 MAST CT SAC	Contact the Contact that is a second of the Contact that is a	Sub-Type:	RES
Parcel No:	030-0300-021		Housing (Y/N)	
CONTRACTOR	All the second s	OWNER	<u>ARCHITECT</u>	
WERNER & SONS 3479 ORANGE GR		GONZALES ROBERT D/CATHERINE N 1 MAST CT	The second secon	
NORTH HIGHLAN		SACRAMENTO CA 95831	•	
Nature of Wor	k: HVAC ROOFTOP UN	IT, GAS PACKAGE REPLACEMEN	T	
		hereby affirm under penalty of perjury that the	ere is a construction lending agen	cy for the performance of
the work for which	this permit is issued (Sec. 3097, C	iv. C).		
Lender's Name		Lender's Address_		
		FION: I hereby affirm under penalty of po Business and Professions Code and my license		provisions of Chapter 9
. 1	10 10 10 10 10 10 10 10 10 10 10 10 10 1		11-1 1 .	
License Class C	License Number 406961	Date	nature	
reason (Sec. 7031.5	5, Business and Professions Code;	eby affirm under penalty of perjury that I am a any city or county which requires a permit to o	construct, alter, improve, demolis	h, or repair any structure,
prior to its issuance	, also requires the applicant for suc ster 9 (commencing with Section 7	ch permit to file a signed statement that he or s 000) of Division 8 of the Business and Profes	he is licensed pursuant to the pro- sions Code) or that he or she is e	visions of the Contractors
	d exemption. Any violation of Sec	ction 7031.5 by any applicant for a permit sub		
I ac a coma	or of the property or my amployee	s with wages as their sole compensation, will o	to the work and the structure is r	not intended or offered for
sale (Sec. 7044, Bu	isiness and Professional Code: Th	e Contractors License Law does not apply to a	n owner of property who builds	or improves thereon, and
		her own employees, provided that such impro		
the purpose of sale.		f completion, the owner-builder will have the	builden of proving that he/she did	not build of improve to
*	- Cab	ntracting with licensed contractors to construc	t the project (See 7044 Dusings	o and Professions Code:
The Contractors Lie	cense Law does not apply to an ow	mer of property who builds or improves thereo	n, and who contracts for such pro	ejects with a contractor(s)
licensed pursuant to	o the Contractors License Law).			and the second s
I am exempt	under Sec. B	& PC for this reason:	MI	
Date	C	Owner Signature	A(
IN ISSUINC THE	S BUU DING DEDMIT the ann	licant represents, and the city relies on the re	irecentation of the applicant that	the applicant verified all
measurements and	locations shown on the applicatio	n or accompanying drawings and that the im	provement to be constructed doe	s not violate any law or
private agreement r	elating to permissible or prohibite	d locations for such improvements BOR puil	ding permit does not authorize a	ny illegal location of any
improvement of the	violation of any private agreement	d locations for such improved HIBORH foil relating to location of impleved DEVELOF	WINT DUNKY IS	
I certify that I have	read this application and state that	all information is correct. I agree to comply we(s) of this city to enter upon the abovemention	ith all city and county ordinances	and state laws relating to ses.
_	doctor in			
Date /	A	Applicant/Agent Signature)	
WORKER'S CO	OMPENSATION DECLARA	TION: I hereby affirm under penalty of perj	ury one of the following declaration	ons:
	will maintain a certificate of conser rk for which the permit is issued.	nt to self-insure for workers' compensation as	provided for by Section 3700 of	the Labor Code, for the
		n insurance, as required by Section 3700 of the	ne Labor Code, for the performan	ice of the work for which
this permit is issued	d. My workers' compensation insur	rance carrier and policy number are:		
Carrier	STATE FUND	Policy Number 713-00076	30 Exp Date	10/01/2004
(This section	need not be completed if the perm	nit is for \$100 or less) I certify that in the perf	ormance of the work for which th	is permit is issued, Ishall
not employ any per	son in any manner so as to become	e subject to the workers' compensation laws of the Labor Code, I shall forthwith comply with t	California and agree that if I sho	
workers compensat	2 - C C C C C C C C C C C C C C C C C C		wose provisions.	
Date /	7 - C C	pplicant Signature	The state of the s	
		COMPENSATION COVERAGE IS UNLA		
		TO ONE HUNDRED THOUSAND DOLI R IN SECTION 3706 OF THE LABOR CODI		

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.