

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107488
Insp Area: 4

Site Address: 2389 GATEWAY OAKS DR SAC
Parcel No: 274-0320-096

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

CONTRACTOR
HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER
NATOMAS WEST INVESTORS
7919 FOLSOM BL
SAC CA

ARCHITECT

Nature of Work: ROUGH GRADING ONLY:RELATED TO #0005020C

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.

X License Class A&B License Number 780999 Date 6/14/01 Contractor Signature Cynthia Adamson

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 Professions 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.

X Date 6/14/01 Applicant/Agent Signature Cynthia Adamson

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.

X 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 OF TH STATE OF PA

Policy Number 7083206/07

Exp Date 08/01/2003

_____, (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 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.

X Date 6/14/01 Applicant Signature Cynthia Adamson

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #

0107488

Insp. Area

4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2389 Gateway Oaks Dr. Suite _____
 PARCEL # 274-0320-096

<p style="text-align: center;">CONTACT</p> <p>Name <u>LPA Sacramento, Mike Hess</u> Street Address <u>1215 G Street</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>443-0335</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>HMH const.</u> Address <u>8589 Thys Ct</u> City/State/Zip <u>Sac CA 95828</u> Phone <u>383-4825</u> FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>LPA Sacramento</u> Address <u>1215 G Street</u> City/State/Zip <u>Sac CA 95814</u> Phone <u>443-0335</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Natomas West Investors</u> Address <u>7919 Folsom Blvd #300</u> City/State/Zip <u>Sac. CA 95826</u> Phone _____ FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Rough Grading Permit

OCCUPANT/TENANT: Natomas West **VALUATION:** \$ 20,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req	Fed Code	Vio. File		
<u>13</u>	<u>25T</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>II</u>	<u>Y</u>	<u>15</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>13</u>	<u>25T</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>II</u>	<u>Y</u>	<u>15</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS: HCP FEES to be paid:
This permit is Broken out From P.C. # 000502D

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

SUBDIVISION & FRONTAGE IMPROVEMENT PROJECTS CASH RECEIPT

PROJECT NAME: KELLY PHASE II
2389 GATEWAY OAKS DR.

PROJECT NO. _____

JOB NO. _____

RECEIVED FROM: MIKE HOSS

I understand that fees may be required if the cost to process the application is greater than the minimum fee. Also, on some applications, additional processing charges may be required after the requested entitlements are approved.

NATURE: *Mike Hoss*

Description: _____

HCP FEES

Applicants address for mailing receipt:

TOTAL AMOUNT PAID: \$49,904.58

Name: JON S. KELLY

Prepared by / Date: *Bob [unclear]*

Address: 3610 AMERICAN RIV. DR.

Check No. # 2445

City, State, Zip: SAC. CA. 95864

Paid by CASH Yes No