1231 I Street, Sacramento,	CA 95814	Insp Area: 1
		Thos Bros: 297 J4
Site Address: 117 COLOMA	WVSAC	Sub-Type: RES
Parcel No: 004-0091-018	WISAC	Housing (Y/N): N
		그 그 그 이 그 그리는 이 학생들이 살았다. 그 날까
<u>CONTRACTOR</u> QUALITY APPLIANCE INSTALLATIOI	OWNER N WALLAC	<u>ARCHITECT</u>
4555 AUBURN BLVD #2	117 COLOMA WY	
SACRAMENTO 95841	SACRAMENTO CA 95819	医二氯化二甲基溴苯甲基苯甲基苯
Nature of Work: WATER HEAT	TER CHANGE-OUT (GAS)	
CONSTRUCTION LENDING AGE	ENCY: 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'sAddress	
LICENSED CONTRACTORS DEC	CLARATION: I hereby affirm under penalty of perjury	that I am licensed under provisions of Chapter 5
commencing with section 7000) of Divisi	ion 3 of the Business and Professions Code and my license is i	in full force and effect.
License Clase Number	604654 Date /D-18-0/ Contractor Signatu	ire fterflow
OWNER-BUILDER DECLARATION	ON: I hereby affirm under penalty of perjury that I am e	exempt from the contractors License Law for the
	and Professions Code; any city or county which requires a per quires the applicant for such permit to file a signed statement	
f the Contractors License Law (Chapter	9 (commencing with Section 7000) of Division 8 of the Bu	isiness and Professions Code) or that he or she is
xempt therefrom and the basis for the allo enalty of not more than five hundred doll	leged exemption. Any violation of Section 7031.5 by any applars (\$500.00);	olicant for a permit subjects the applicant to a civi
I as a owner of the property, or my	y employees with wages as their sole compensation, will do th	e work, and the structure is not intended or offered
or sale (Sec. 7044, Business and Profess	sional Code: The Contractors License Law does not apply	to an owner of property who builds or improves
	f or herself or through his/her own employees, provided that	
ot build or improve for the purpose of sal	ement is sold within one year of completion, the owner-build le.)	ter will have the burden of proving that he/she did
Los owner of the property on av	xclusively contracting with licensed contractors to construct	the project (See 7044 Dusiness and Brofossions
	s not apply to an owner of property who builds or improves the	
I am exempt under Sec	B & PC for this reason:	
Date	Owner Signature	
	IT, the applicant represents, and the city relies on the represe the application or accompanying drawings and that the impresentation.	
	le or prohibited locations for such improvements. This building	ng permit does not authorize any illegal location of
ny improvement or the violation of any pi	rivate agreement relating to location of improvements.	
certify that I have read this application a clating to building construction and herby	and state that all information is correct. I agree to comply authorize representative(s) of this city to enter upon the above	with all city and county ordinances and state laws rementioned property for inspection purposes.
ate 1801	Applicant/Agent Signature	
ODKED'S COMPENSATION DE		no of the following declarations:
I have and will maintain a certificat	ECLARATION: I hereby affirm under penalty of perjury of te of consent to self-insure for workers' compensation as provi	
erformance of work for which the permit	is issued.	
		Labor Code, for the performance of the work for
men mis demin is issued. Wy workers c	compensation insurance, as required by Section 3700 of the	
Carrier STATE FUND	compensation insurance carrier and policy number are:	
Carrier STATE FUND	compensation insurance carrier and policy number are: Policy Number 1625473 - 01	Exp Date 04/01/2002
Carrier STATE FUND (This section need not be completed that not employ any person in any mann	compensation insurance carrier and policy number are:	Exp Date 04/01/2002 mance of the work for which this permit is issued, leading the state of the work for which this permit is issued, leading the state of the work for which this permit is issued, leading the work for which the work for whi
Carrier STATE FUND (This section need not be completed that not employ any person in any mann	Policy Number 1625473 - 01 d if the permit is for \$100 or less) I certify that in the performer so as to become subject to the workers' compensation law	Exp Date 04/01/2002 mance of the work for which this permit is issued, leading the state of the work for which this permit is issued, leading the state of the work for which this permit is issued, leading the work for which the work for whi
which this permit is issued. My workers c		· · · · · · · · · · · · · · · · · · ·

Permit No: 0113453

CITY OF SACRAMENTO

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