

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9914031
Insp Area: 4

Site Address: 1760 CHALLENGE WY SAC
Parcel No: 277-0271-010

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

CONTRACTOR
BAY ALARM
34 S ORANGE GROVE AV
NORTH HIGHLANDS CA 95660

OWNER
STUBBLEFIELD PHIL/GEORGIA
1700 LADINO RD
SACRAMENTO CA 95864

ARCHITECT

Nature of Work: INSTALL FIRE ALARM TO MONITOR WATER FLOW

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: C-10 License Number: 261003 Date: 1/14/00 Contractor Signature: [Signature]

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: 1/14/00 Applicant/Agent Signature: [Signature]

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: ATLANTIC MUTUAL INS CO Policy Number: 400519294 Exp Date: 01/01/2001
400715450

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: 1/14/00 Applicant Signature: [Signature]

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
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 9914031

ADDRESS: 1760 CHALLENGE WAY

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
 Current Certificate of Workers' Comp. - EXPIRED
 Hazardous Materials Form (hazmat)
(Orig. In folder, golden-applicant, 2 to fire)
 Letter of Authorization Required to sign by Contractor or Owner
 School Impact Fee (copy of paid receipt)
 HCD Forms (state 445-4782) for Modular/Coaches
 County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window, 10-ph:875-6679)
 Habitat Conservation Plan Fee (Bob Robinson or Farmarz Ansari)
 PERMIT FEES \$ Duc

 Driveway Permit \$
(public works)
 Encroachment Permit \$

 Special Conditions (enter computer, mark margin of permit at final, attach
instructions to permit, and 1 copy in each folder)
 Special Inspections X1 (1 copy each folder, 1 to Val Brown)
 Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
 Other

LM Machine

Date Notified 1/10/2000

Plans in Bin# 31

Initials By AMR

Processed By:

Microfilm @ Final

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

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

PLAN CHECK # 971000 Insp. Area 4C

**Applicant MUST complete ALL Unshaded areas
this page only**

ADDRESS 1760 Challenge way Suite _____
PARCEL # 277-0271-010

<p align="center">CONTACT</p> <p>Name <u>Bay Alarm</u> Address <u>325 7th Street</u> <u>Oakland</u> Zip <u>94607</u> Phone <u>510 291-7111</u> FAX <u>510 763-0708</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>261003</u></p> <p>Name <u>Bay Alarm</u> Address <u>325 7th Street</u> <u>Oakland</u> Zip <u>94607</u> Phone <u>510 291-7111</u> FAX <u>510 763-0708</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>	<p align="center">OWNER/TENANT</p> <p>Name <u>Phil Stubblefield</u> Address <u>1760 Challenge way</u> <u>Sacramento</u> Zip <u>95815</u> Phone <u>487-7445</u> FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # 400715450 EXPIRATION DATE: 12/31/00
 NAME OF INSURANCE COMPANY: Atlantic Mutual

NATURE OF WORK IN DETAIL: Install Fire Alarm to Monitor Waterflow

DBA: _____ VALUATION: 430.00

FLOOD STATUS: <u>NR</u>				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. <u>YN</u>	Fed Code	Vio. File		
				<u>B</u>		Spr <u>Alarm</u>	<u>15</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