

CITY OF SACRAMENTO

Permit No: 0403929

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1215 K ST SAC

Thos Bros:

Parcel No: 006-0111-012 SUITE 1201

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

ANTHONY & SONS
1790 TERMINAL ST.
WEST SACRAMENTO CA

OWNER

DAVID S TAYLOR
1201 K ST
SACTO, CA 95814

ARCHITECT

Nature of Work: ADD 2 NEW WALLS

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 B License Number 360117 Date 3-17-07 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

RAID
CITY OF SACRAMENTO
MAR 17 2004
NORTH PERMIT
CENTER

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 above mentioned property for inspection purposes.

Date 3-17-04 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 STATE FUND Policy Number 713-02 UNIT 0000126 Exp Date 10/01/2004

(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 3-17-04 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.

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 # 0403929 Insp. Area
 MAMM

ADDRESS 1215 K St. Suite 1201 Suite 1201
 PARCEL #

CONTACT Name Joel Anzels Street Address 1790 Terminal St. City/State/Zip West Sacramento CA 95691 Phone (916) 373-0707 FAX (916) 373-1523 E-mail:		LICENSED CONTRACTOR Lic No. # 360117 Name ASI Inc. Address 1790 Terminal St. City/State/Zip West Sacramento CA 95691 Phone (916) 373-0707 FAX (916) 373-1523 E-mail: ASI@C.com	
ARCHITECT/ENGINEER Name HDL Design Address 1410 Glen View Ct. City/State/Zip Roseville CA 95747 Phone (916) 773-6758 FAX (916) 773-0578 E-mail:		OWNER Name David S. Taylor Address 1201 "K" St. City/State/Zip Sacramento CA 95814 Phone FAX E-mail:	

Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 126-2003 EXPIRATION DATE: 10/01/04

NATURE OF WORK IN DETAIL: Add two new walls. One low and one ceiling high wall.

VALUATION: \$ 4,000
 OCCUPANT/TENANT: CBIA

FLOOD STATUS		S.C.A.T.		SW <input type="checkbox"/>		FIRE <input type="checkbox"/>		ADD <input type="checkbox"/>		OTHER <input type="checkbox"/>	
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TK <input type="checkbox"/>	REM <input type="checkbox"/>	ELEC	SITE	FIRE		
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	Fire Reg. Y/N		Fed Code	Vio. File			
# Stories	1 st Flr. Area	Total Area	Use Zone	Occp Group	Const type	SPR	ALARM	D	PW	UTIL	
B	L	P	M	E	F		S				
AP BN	AP BN		AP JMT	OK M	AP JMT						

COMMENTS: Red card only - Fire extinguishers 207

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

(pm)