## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 1120 FRIENZA AV SAC

Parcel No:

265-0332-004

Sub-Type:

Permit No:

Insp Area:

**RES** Housing (Y/N): N

0108197

CONTRACTOR

OWNER BOGUE SOLVEIG 1-20 FRIENZA AV SACRAMENTO CA 95815 ARCHITECT

Nature of Work: TEAR OFF AND RESHEET ROOF 25 YR DIM LAM COMP CONSTRUCTION LENDING AGENCY: Thereby affirm under penalty of perjury that there is a construction lending agency for the performance at the work for which this permit is issued (Sec. 1007, Ch. Ch. ender's Name Lender'sAddress 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 Number Date Contractor Signature OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the tollowing reason (Sec. 703).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 assuance, 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 dellars (\$500.00). penalty of not more than five handred dollars (\$500.00). Las a owner of the property, or my employees with wages as the vold in the structure is not intended or offered at owner of property who builds or improves for sale (Sec. 7044, Business and Professional Code The Court etc. thereon, and who does such work himself or herself characteristics. his 2provided that such improvements are not intended or offered for sale. If, however, the building or improvement is salid within one year of completion, the owner-builder will have the burden of proving that he/she did nor build or improve for the purpose of sale, i 1. as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions ('ode: 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 I reense Law) Lam exempt under Sec B & PC for this reason: 6-28-01 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. certify that I have read this application and state that all information is correct. I agree to comply with all gity and county ordinances and state laws relating to building construction and herby authorize representative(s) of this city to enter upon the abovement oned property for inspection purposes. Date ( 28 - U) Applicant/Agent 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

Policy Number

Exp Date

\_ (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, shall forthwith comply with those provisions.

Applicant Signature 1

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO RIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF OMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

## **OWNER-BUILDER VERIFICATION**

## ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the prop Improvement (yes) or no)					
2.	I (have have not)  A building permit for the	have have not) signed an application for building permit for the proposed work.			
3.	I have contracted with the following person (firm) to provide the proposed construction:				
	NameA		Address	· · · · · · · · · · · · · · · · · · ·	
	Contractors License No.				
4.	Supervise, and provide the	I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.			
	NameAddress				
	City		Telephone		
	Contractors License No.				
5.	I will provide some of the Work indicated:	work but I have	e contracted (hired) the	following to provide the	
	Name	Address	Phone	Type of work	
Si	igned				
Jo	ob Address 170 Ain	ZAAR SA	eto. CA.95	815	
Pe	ermit No: 00819	1			