

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9904591**

**Insp Area: 1**

**Site Address: 2700 J ST SAC**

Parcel No: 007-0111-002

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

JACKSON CONSTRUCTION  
5665 POWER INN RD #140  
SACRAMENTO CA 95824

**OWNER**

27TH & J ST PARTNERSHIP

**ARCHITECT**

**Nature of Work: INTERIOR REMODEL**

**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 \_\_\_\_\_ 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 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 3 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.

X Date \_\_\_\_\_ 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 CAL COMP

Policy Number W98C113055

Exp Date 12/20/1999

(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.

X Date \_\_\_\_\_ Applicant 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.**

DATE STAMP

CITY OF SACRAMENTO  
APPLICATION FOR [REDACTED] BUILDING PERMIT

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

PLAN CHECK # 9904591 Insp. Area 1C

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 2700 J STREET Suite \_\_\_\_\_  
 PARCEL # 007.0111.002

CONTACT Name <u>LESLIE LUNDHOLM</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381.8113</u> FAX <u>381.0212</u>		LICENSED CONTRACTOR Lic No. <u>365437</u> Name <u>JACKSON CONST</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381.8113</u> FAX <u>381.0212</u>	
ARCHITECT/ENGINEER Name <u>CHMD</u> Address <u>2150 CAPITOL AVE</u> <u>SAC</u> Zip <u>95816</u> Phone <u>446.7741</u> FAX <u>446.0457</u>		OWNER Name <u>27th &amp; J ST PARTNERSHIP</u> Address <u>555 CAPITOL MALL #735</u> <u>SAC</u> Zip <u>95814</u> Phone <u>565.2800</u> FAX <u>565.2999</u>	

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # W98C113055 EXPIRATION DATE: 12.20 99  
NAME OF INSURANCE COMPANY: CALIFORNIA COMPENSATION

NATURE OF WORK IN DETAIL: SHELL IMPROVEMENTS

DBA: \_\_\_\_\_  VALUATION: 45,000.00

FLOOD STATUS:						S.C.A.T. <input type="checkbox"/>				
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM (X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>PLUMB</u>		<u>MECH</u>		<u>ELEC</u>		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/>		Fed Code	Vio. File	
		<u>?</u>		<u>B</u>	<u>Y-N</u>	Spr	Alarm	<u>18</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

BLDGFRM. (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No

CITY OF SACRAMENTO  
APPLICATION FOR [REDACTED] BUILDING PERMIT

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

PLAN CHECK # 9904591 Insp. Area 1C

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

ADDRESS 2700 J STREET Suite \_\_\_\_\_  
 PARCEL # 007.011.002

<p align="center"><b>CONTACT</b></p> Name <u>LESLIE LUNDHOLM</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381.8113</u> FAX <u>381.0212</u>		<p align="center"><b>LICENSED CONTRACTOR</b></p> Lic No. <u>365437</u> Name <u>JACKSON CONST</u> Address <u>5665 POWER INN RD #140</u> <u>SAC</u> Zip <u>95824</u> Phone <u>381.8113</u> FAX <u>381.0212</u>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>CHMD</u> Address <u>2150 CAPITOL AVE</u> <u>SAC</u> Zip <u>95816</u> Phone <u>446.7741</u> FAX <u>446.0457</u>		<p align="center"><b>OWNER</b></p> Name <u>27th &amp; J ST PARTNERSHIP</u> Address <u>555 CAPITOL MALL #735</u> <u>SAC</u> Zip <u>95814</u> Phone <u>565.2800</u> FAX <u>565.2999</u>	

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # W98C113055 EXPIRATION DATE: 12.20.99  
 NAME OF INSURANCE COMPANY: CALIFORNIA COMPENSATION

NATURE OF WORK IN DETAIL: SHELL IMPROVEMENTS

DBA: \_\_\_\_\_  VALUATION: 45,000.00

FLOOD STATUS:		S.C.A.T. <input type="checkbox"/>							
JOB DESCRIPTION	BLDG	SHEL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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. <input checked="" type="checkbox"/>	Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>V-N</u>	Spr <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>	<u>18</u>		
							<u>18</u>		
COMMENTS:									

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 BLDGFRM. (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No