CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0606779
Insp Area: 1
Thos Bros: 297E5

Site Address: 2030 P ST SAC
Parcel No: 007-0315-010

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

PAID
CITY OF SACRAMENTO
MAY 1 1 2006

CONTRACTOR
DIVERSIFIED PLUMBING
P.O. BOX 21101
SACRAMENTO CA 95822

OWNER
CASEY MARY MARGARET
2654 LAND PARK DR
SACRAMENTO, CA 95818

ARCHITECT

Nature of Work: REPLACE 90' ON ON-SITE WATER MAIN LINE NEW CITY HALL

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'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.

X License Class C-36 License Number 639862 Date 5-11-06 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 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

X Date 5-11-06 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 STATE COMPENSATION INS FUND Policy Number 229-0026554 Exp Date 06/01/2007

_____ (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 5-11-06 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DIVISION
PERMIT SERVICES SECTION
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY # 060679 **Insp. Area** 1

*Applicant **MUST** complete ALL Unshaded Areas*

ADDRESS: 2030 P STREET SACTO CA 95814 **Suite:** _____

PARCEL #: 007-0315-010-000

CONTACT	LICENSED CONTRACTOR Lic No. # 639867
Name:	Name: R.W.E. D.P.I. JOHN VOSS
Street Address:	Street Address: 3220 51ST A/B #2
City/State/Zip:	City/State/Zip: SACTO CA 95823
Phone:	Phone: (916)-628-5424
E-Mail:	E-Mail: ø
ARCHITECT/ENGINEER	**OWNER**
Name:	Name: MARGARET MARY CASEY
Street Address:	Street Address: 2654 LAND PARK DR
City/State/Zip:	City/State/Zip: SACTO CA 95818
Phone:	Phone: 441-6074
E-Mail:	E-Mail:

⇨ Will permitee have any employees on the jobsite? ☑ No ☐ Yes ⇨ **Insurance Co.:** _____

⇨ **WORKER'S COMPANSATION POLICY #** _____ **EXPORATION DATE:** _____

NATURE OF WORK IN DETAIL: WATER MAIN REPLACEMENT
On-site only 90'

OCCUPANT/TENANT: _____ **VALUATION:** $2000

FLOOD STATUS:				S.C.A.T.						
JOB DISCRIPTION	BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? ☐ Yes ☐ No **HEALTH DEPARTMENT:** ☐ Yes ☐ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed