

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100695
Insp Area: 1

Site Address: 2214 19TH ST SAC
Parcel No: 010-0151-012

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

CONTRACTOR

OWNER
WONG EDGARDO F/SHU H
2212 19TH ST
SACRAMENTO CA 95818

ARCHITECT

Nature of Work: PGE & SMUD SAFETY INSP

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 _____ 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 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 1/16/01 Owner Signature [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 1/16/01 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 Exempt 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, I shall forthwith comply with those provisions.

Date [Signature] 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.

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 proposed Improvement (yes or no) YES
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed [Signature]

X Job Address 2212 - 19th St

X Date 1/16/01

Permit No: _____

CITY OF SACRAMENTO
APPLICATION FOR XXXXXXXXXX BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9811004 Insp. Area 1

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 614 16th Street. Sacto CA 95814 Suite _____
PARCEL # 002-0171-009-0000

<p align="center">CONTACT</p> <p>Name <u>Clark Magee</u> Address <u>614 16th St.</u> <u>Sacto CA</u> Zip <u>95814</u> Phone <u>(916) 448-7017</u> FAX <u>(916) 448-0971</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>468674</u></p> <p>Name <u>Systems Tech</u> Address <u>4555 Auburn Blvd. # A.</u> <u>Sacto CA</u> Zip <u>95841</u> Phone <u>(916) 485-0720</u> FAX <u>(916) 485-9120</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Sys Tech</u> Address <u>4555 Auburn Blvd # A.</u> <u>Sacto CA 95</u> Zip <u>95814</u> Phone <u>(916) 485-0720</u> FAX <u>(916) 485-9120</u></p>	<p align="center">OWNER</p> <p>Name <u>Systems Tech Inc</u> Address <u>4555 Auburn Blvd # A</u> <u>Sacramento CA</u> Zip <u>95841</u> Phone _____ FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: install sprinkles in existing
Auto Spray Booth

DBA: 16th Street Auto Body. VALUATION: \$4,000-

FLOOD STATUS:				S.C.A.T.:						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y/N)		Fed Code	Vio. File	
				<u>B</u>	<u>V</u>	<input checked="" type="checkbox"/> Spry	<input type="checkbox"/> Alarm	<u>15</u>	<u>No</u>	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> P	M	E	<input checked="" type="checkbox"/> F	S		D	R	

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
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
11/3/98	1 1	11/24/99	1 1	1 1	1 1

PLAN NO. 11111111
 ADDRESS 12345678
 Commercial Residential

AGENCY 12345678
 DATE 11/3/98

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW	
	Staff	Date	Staff	Date	Staff	Date	Staff	Date
MECHANICAL/PLUMBING	03	11/4/98	13	11/4/98				
STRUCTURAL	03	11/4/98	13	11/4/98				
MECHANICAL/PLUMBING	13	11/4/98						
MECHANICAL/PLUMBING	03	11/4/98	13	11/4/98				
MECHANICAL/PLUMBING								
MECHANICAL/PLUMBING								
MECHANICAL/PLUMBING								
MECHANICAL/PLUMBING								

STAFF COMMENTS:

Fire Sprinkler Panel Books

Start Second Cycle