



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A -  all the work authorized by this permit.
- B -  a portion of the work.
- C -  none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name ~~Shawn Radson~~ GAGE Phone 916-928-4407  
Address 140 TOURMALINE CIRCLE 9555 BUTER CIRCLE W34  
Type of Work ELM GARAGE, CA 95624

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work \_\_\_\_\_

3.  I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Shawn Radson  
Date 12/7/05 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_  
Job Address 140 TOURMALINE CIRCLE

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.