

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9903641
Insp Area: 4

Site Address: 4400 RALEY BL SAC
Parcel No: 238-0020-022

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

CONTRACTOR

OWNER
FAROOA MUHAMMAD UMAR
4400 RALEY BL
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: REWIRE UNDERGROUND GAS TANKS

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 4-16-99 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 above mentioned property for inspection purposes.

Date 4-16-99 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 Reliance Mutual Ins Policy Number WCA-129-4470 Exp Date July 1, 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.

Date 4-16-99 Applicant Signature [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.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4400 Raley Blvd. Sac. CA. Suite _____
 PARCEL # _____

CONTACT	LICENSED CONTRACTOR Lic No. # _____
Name <u>Mohammed Farooq</u>	Name _____
Address <u>4400 Raley Blvd</u>	Address _____
<u>Sac. CA.</u> Zip <u>95838</u>	Zip _____
Phone <u>916-927-2118</u> FAX _____	Phone _____ FAX _____
ARCHITECT/ENGINEER	OWNER
Name _____	Name <u>Mohammed Farooq</u>
Address _____	Address <u>4400 Raley Blvd.</u>
Zip _____	<u>Sac. CA.</u> Zip <u>95838</u>
Phone _____ FAX _____	Phone <u>916-927-2118</u> FAX _____

→ 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: Re. Electrical wiring of tanks, disp.

DBA: _____ VALUATION: \$ 3500

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. 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. File	
						Spr	Alarm			
B	L	P	M	<u>E</u>	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES HEALTH DEPARTMENTS

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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) yes 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
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Signed [Signature]

Job Address 4400 Raleigh Blvd S.W. 9808 Date 4-16-89

Permit No.: _____

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

NWA-129-4430

Reliance National Insurance Company

Renewal of NEW

(Name of Insurer)

77 Water Street
Issuing Office New York, NY 10005

- 1. The Insured/Mailing Address: (No. Street, Town, County, State, Zip) Agency Code, Name and Address
Zahid Corp., dba Bell Gas I
4400 Raley Blvd.
Sacramento, CA 95838
Other Workplaces not shown above:
2. Policy Period: The policy period is from July 01, 1998 to July 01, 1999 12:01 A.M. Standard Time, at the Insured's Mailing Address.

- 3. Coverage:
A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: California
B. Employer's Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
Bodily Injury by Accident \$1,000,000 each accident
Bodily Injury by Disease \$1,000,000 each employee
Bodily Injury by Disease \$1,000,000 policy limit
C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except Nevada, North Dakota, Ohio, Washington, West Virginia, Wyoming. States designated in item 3.A. above and Maine
D. This policy includes these endorsements and schedules: See Schedule of Forms and Endorsements attached (A).

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Table with 5 columns: Classifications, Code No., Premium Basis Total Estimated Annual Remuneration, Rate per \$100 of Remuneration, Estimated annual Premium. Row: Grocery Store - Retail, 8006, 15,000, 4.8, \$720

California Workers' Compensation Surcharge .005233 \$4.00

Summary table showing premium calculations: Total premium subject to the experience modification \$ 720.00, Premium modified to reflect the experience modification of N/A \$ 720.00, Other Premium Modifier 10.0% \$ -72.00, Total Estimated Standard Premium \$ 648.00, Premium Discount, if applicable, 0.0% % \$ 0.00, Loss and/or Expense Constant Charge \$ 0.00, Total Estimated Annual Premium \$ 648.00

Minimum Premium \$ N/A
If indicated below, interim adjustments of premium shall be made
[X] Stipulated [] Audits
[X] Semi-Annually [] Quarterly [] Monthly Deposit Premium \$ 648.00

ntersigned Date By Authorized Representative

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY.