CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 8033 KINGSDALE WY SAC

Pareel Nov

117-0613-006

Insp Area:

ARCHITECT

Permit No:

9911989

2

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

QUALITY APPLIANCE INSTALLATION 4555 A1 BURN BL

Silvi RAMENTO CA 95849

OWNER

SNOWDEN MARGARET E,TR

SACRAMENTO CA

95813

ONSTRUCTION LENDING AGENCY: the work for which this permit is issued (Sec. 30).	Hereby affirm under penalty of perjury that there is a construction (Property).	ruction lending agency for the performance
oder's Name	l.ender'sAddress	
American with section 7000) of Division 3 of	ATION: I hereby affirm under penalty of perjury that I at the Business and Professions Code and my license is in full fo	rce and effect.
gense Class License Number	Date /	:Car
Fow ng reason (Sec. 7031.5, Business and Professor, Sec. etuic, prior to its issuance, also requires the second se	hereby affirm under penalty of perjury that I am exempt essions Code, any city or county which requires a permit to one applicant for such permit to file a signed statement that he comencing with Section 7000) of Division 8 of the Business a emption. Any violation of Section 7031.5 by any applicant for 10,000.	onstruct, after, improve, demonstr, or repair or she is licensed pursuant to the provisions and Professions Code) or that he or she is
or sale (Sec. 7044, Business and Professional C	yees with wages as their sole compensation, will do the work, lode: The Contractors License Law does not apply to an oself or through his/her own employees, provided that such im a sold within one year of completion, the owner-builder will	provements are not intended or offered for
ide—The Contractors License Law does not ap intractor(s) licensed pursuant to the Contractors		and who contracts for such projects with a
am exempt under Sec.	B & PC for this reason:	
क्सर	Owner Signature	
	applicant represents, and the city relies on the representation of accompanying drawings and that the improvement oblibited locations for such improvements. This building pernagreement relating to location of improvements.	
Corner to building construction and herby author	tte that all information is correct. I agree to comply with all rize representative(s) of this city to enter upon the abovemention	offed property for mapeetion purposes.
ate	Applicant/Agent Signature	
OBLIDIO COMPENSATION DECLA	RATION: I hereby affirm under penalty of perjury one of the onsent to self-insure for workers' compensation as provided for	ne following declarations:
Heave and will maintain workers' compension this permit is issued. My workers' compension	nsation insurance, as required by Section 3700 of the Labor station insurance carrier and policy number are:	Code, for the performance of the work fo
agrica STATE FUND	Policy Number 550980000442	Exp Date 04/01/2000
half not employ any person in any manner so a	e permit is for \$100 or less). I certify that in the performance of as to become subject to the workers' compensation laws of Cof Section 3700 of the Labor Code, I shall forthwith comply we	rith those provisions.
nate // // / / / / / / / / / / / / / / / /	Applicant Signature	

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

OMPENNATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.