



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 Clark Cadman Phone 916 416 6201
Address 840 Jurgens Serv St Sac CA 95823
Type of Work Fencing

Name Cooper Electric Phone (916) 403 0909
Address 7368 Sanborn Lane Sacramento CA
Type of Work Electrical

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 Tom Bentley Management Inc

Date 6/3/05 Case No. _____ Permit No. _____

Job Address 7380 24th Street

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