CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0407603
Insp Area: 2
Thos Bros: 317C7

Site Address: 6565 BELLEAU WOOD LN SAC
Parcel No: 035-0111-014

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

CONTRACTOR
T D P CONSTRUCTION
595 DE MAR DR
SACRAMENTO CA 95831

OWNER
BREEDING WILLIAM U/MARY G
6565 BELLEAU WOOD LN
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: DEMO EXISTING WOOD DECK AND REPLACE WITH CONCRETE AND WHEELCHAIR LIFT.

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'sAddress_____

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 637561 Date 3/30/05 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).

PAID
CITY OF SACRAMENTO
MAR 30 2005
PERM. CENTER

_____ I am exempt under Sec._____ B & PC for this reason:_____

Date_____ Owner 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3/30/05 Applicant/Agent 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.

POP 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 STATE FUND Policy Number 229-0015387 Exp Date 01/01/2005

_____ (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 03/30/05 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.~~

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
1231 I Street, Suite 200 or 2101 Arena Bl., 200
Sacramento, CA 95814 Sacramento, CA 95834
(916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #	Insp. Area
0407603	

Applicant to complete all areas down to valuation

ADDRESS 5565 Belleau Wood Lane, Sac, CA 95822 **Suite** ____
PARCEL # 035-0111-014

CONTACT	LICENSED CONTRACTOR Lic No. #
Name Bill Breeding / Kinder World [illegible]	Name
Street Address 5565 Belleau Wood Lane	Address
City/State/Zip Sacramento, California 95822	City/State/Zip
Phone 916-422-5938 FAX	Phone FAX
E-mail:	E-mail:

ARCHITECT/ENGINEER	OWNER
Name Reynolds Gualco	Name Bill & Mary Breeding
Address 3015 H Street	Address [illegible]
City/State/Zip Sacramento, California 95816	City/State/Zip Sacramento, California
Phone 916-441-3720 FAX	Phone 916 393-[illegible] FAX
E-mail: (Keith)	E-mail:

➔ Will permittee have any employees on the jobsite? ☐ No ☐ Yes ➔ **INSURANCE CO:**

➔ **WORKER'S COMPENSATION POLICY #** **EXPIRATION DATE:**

NATURE OF WORK IN DETAIL: Install wheelchair lift on premises
Remove existing exterior wood deck, install concrete porch w/ wheelchair lift &
Kinder World Day Care Center

OCCUPANT/TENANT: **VALUATION: $** 21,000 —

FLOOD STATUS				S.C.A.T.					
JOB DESCRIPTION	BLDG ☐	SHELL ☐	APT ☐	TI( ) ☐	REM( ) ☐	SW ☐	FIRE ☐	ADD ☐	OTHER ☐
INSPECTION DISCIPLINES	BLDG	MECH	PLUMB	ELEC	SITE	FIRE			

# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N SPR ALARM	Fed Code	Vio. File	
B	L	P	M	E	F	S	D	PW	UTIL

COMMENTS:

REGIONAL SANITATION FEES? ☐ Yes ☐ No HEALTH DEPARTMENT? ☐ Yes ☐ No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Yes ☐ No

PBF10038