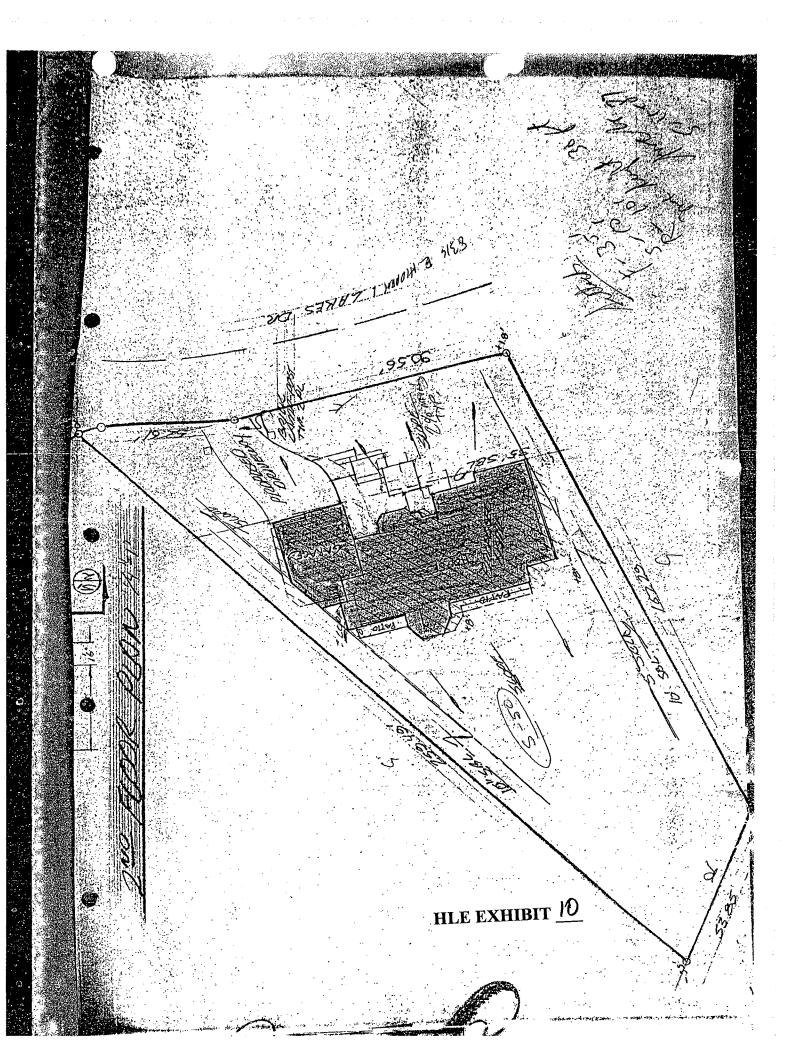
LICENSED CONTRACTORS DECLARATION		PERMIT NO	047-3	-51556 2-18
I his elsy affirm that I am licensed under print. Int of Chep- is 9 (commercing with Section 7000) of Election 3 of the utilines, and Professions Code, and my license is in full lorce. The	IIQ PERMIT EYDI	HES ON:	10/2/8	2
diliness and Professions Code, and my license is in full long	HOFEMINITEAPI	4716	This work or sprion	sribi to this date
idente Class G-1 License No. 330445 Pri Dontrainor Dubba Dubba Date 642198>	of PC myblymyddl	X		بخاير دراسسور بغير وجوديهم وبرنسسيم
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OWNER BUILDER DECLARATION  1. hereby affirm that I am exempt from the Contractor's		PLACER CO		
Center Law for the following reason (Sec. 7031.5, Business	916-823-4401 Auburn Office	Building Di	vision	916-581-6200 Tahos Office
sermit to construct, alter; improve, demoish, or repair any	WHER		663-1763	TELEPHONE
uch permit to file a signed statement that he is incensed pur-	Kurty by Carol	LITTED ACKANIA	E DIETER	966×2263
Sugart to the provisions of the Collection 2000 of Division 3 of the Business and Professions Code) or that he is exempt therefrom	WNER'S MAILING	ADDRESS 1900 GI	na Louise Ln.	9(1)(9(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
22 TELL PETER AND AND AND AND AND VIOLATION OF THE	ONTRACTOR'S NA	ME		ZZZXXXXX
	KNIKANYX PANI ONTRACTOR'S MA	IILING ADDRESS		
(\$500.):	A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TRUCTION SITE		
as their sole compensation, will do the work, and the structure	ROSEVILLE -	8316 East Hidd	en Lakes Dri	ve
Professions Code: The Contractor's License Law does not be contractor's Law	HOSS STREET Douglas Blv	d.		
and who does such work himself or through his own employed	MAN NOISIVIDEUS	E		10T NO.
fered for sale. If, however, the building of improvement	Hidden Hill	S #Z TYPE OF WORK/USE		
have the burden of proving that he did not build or improve	RESIDENTIAL XX	COMMERCIAL	MOBILEHOME Twelling	OTHER -
1), as owner of the property, and exclusively seen 7044. Busi-	DESCRIBE WORK T	O BE DONE:	200111119	
ness and Professions Code: The Contractor of Improves not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contract thereon, and who contracts for such projects with a contract of the Contractor's Linease Law.).		UILDING PERMIT	BUILDING VALUA	TION
tor(s) licensed pursuant to the Contractor's License Law.).	SO. FT.	occ. Dwelling	125,171.2	20
	649	M-1/Garage CovPorch	10,286.0 3,504.	00
OwnerDate	320	MALALCII	5,00/1	
WORKER'S COMPENSATION DECLARATION				
1. hereby affirm that I have a certificate of consent to self- insure, or a certificate of Worker's Compensation Insurance, or	Total Valuation	\$ 138,961.85		l
Policy:No. Co	Exact Plan Check Paid Plan Check	s 347.40 s 335.95		
Certified copy is hereby furnished.  Certified copy is filed with the County building inspection	Plan Check Adjustr		+ 11.45	
Certified copy is filed with the County Bulleting department.	Permit Fre Credit/Penalty			FF \$ 636.78
Applicant Date Date	1	BI PLUMBING PERMIT	JILDING PERMIT F	EE 3 030.70
CERTIFICATE OF EXEMPTION	Credit/Adjustment		LUMBING PERIMIT	FEE \$ 138.96
FROM WORKER'S COMPENSATION INSURANCE		ELECTRICAL PERMIT		100.50
hundred dollars (\$100) or less).	Credit/Adjustmen		CTRICAL PERMIT I	EE \$ 138.96
I certify that in the performance of the work in any manner permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of		MECHANICAL PERMI		
" California Dut2-1987	Credit/Adjustmen	•	HANICAL PERMIT	FEE \$ 138,96
Signature Signature		MOBILEHOME PERMI		
NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Comexemption, you should be one subject to the Worker's Comexemption.		MOB	ILEHOME PERMIT	FEE \$ .
Exemption, you should become subject to must forthwith pensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed re-		SPECIAL FEES		
voked.  CONSTRUCTION LENDING AGENCY	Energy PC/Handi Irrigation/Sprink		30.00	1
	101-			4
I hereby affirm that there is is 1600 (circle orients) to lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).	Special Inspection	n/Ag Buildings Change of Ownership		
Lender's Name	Other			-
Lender's Address	Credit/Adjustme	ent	SPECIAL PERMIT	FEE \$ 30.00
Applicant's signature  Lografiy that I have read this application and state that the	е			\$
above information is correct. I again an enstruction an	d course was			\$
nances and State Laws relating to building control of Placer t hereby authorize representatives of the County of Placer t enter upon the above mentioned property for inspection pur	0	FEE		\$
poses.	A SCIENC EEE	PROFESSIONAL FEE		\$ 9.73
I also agree to save, indemnity and keep hothers, of Placer against all liabilities, judgements, costs, and expension which may in any way accrue against said county in constitution of this regnit.	OTHER	OTMEN'T		\$ \$
quence of the granting of this permit.	7 TOTAL FEES	SIMENI		\$ 1093,39
Signature of Applicant Owner To Contractor Agent	APPROVED B	V		
ter executions over 5'0" dee	ep la an er	), P.W. H.		F.D. T.R.P.A.
and demolition or construction over the	RECEIPT NO.	T 0 1 10011	ED BY: C,A,C,	DATE: 10.2.8
in height.	INT COPY			

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National Control of the Control of t				
42	ADD ADD ADD	PROVALS	PC NO:	4716
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	_ · -	Pond-		Rear-
lelis- Drainage- PERCOLATION TEST RESU	Creek- Spring-	PERFORMED BY	DATE	
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SEPTICALE.	*************	**************************************		
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Name of District Treated	Untreated	TRE	ATMENT SCHEMATIC UIRED: RECEI	VED:
Live Bar			OTREM.	
IF ON PRIVATE WELL, Permit Required?	Permit No.	Well Yield	Scorag	
Remarks:				
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APPLICANT:	For Salut	******	DATE: 5-11-87	********
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DEPARTMENT OF PUBLI	C WORKS	/ .	2 + 5000	10-2-8
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	PECTOR (Maler County by		Conditions	Date Date
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·	-	Area J	Conditions	Date
	ERING ENVIRONMENTAL HEALTH	Signed	COMBINITIONS	
PLAN CHECK O	argined	Date		
FLOOD ZONE REVI		Signed	Flood Zone	Date
ENVIRONMENTAL HEAL	TH DIVISION APPROVAL	Signed	Condition	s Date
FIRE PROTECTION EN	,		// Departmen	t Date
PIKE PROJECTION CO	mer hed	Signed 1	# Department	-
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1 / / / - /				
must obtain	SSIP		,	
must obtain	SSLP, EF -AM			SUB



(2)
PERMIT NO. (5)(55)(2)

## PLACER COUNTY BUILDING DEPARTMENT

AUBURN OFFICE: (916) 823-4401 11424 "6" AVENUE AUBURN, CA 95603 1AHOE OFFICE: (916) 581-6200 P. O. DRAWER CC 1AHOF CITY, CA 95730

## 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.

- I personally plan to provide the major labor and materials for construction of the proposed property improvement Yes No.
- 2. I <u>Have</u> Have Not 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	Outtle	Grand.		
ADDRESS	1900	gra Louis	Le La CITY Ne	weartle.
PHONE	663-176	3	LE LA CITY Ne CONTRACTOR'S LICENSE	NO. 330445
Lolan	to provide	portions of thi	s work, but I have h nd provide the major	ired the following
NAME				
ADDRESS			CITY	
PHONE			CONTRACTOR'S LICENSE	NO
. I will	provide so		but I have contracted	
NAME		ADDRESS	PHONE	TYPE OF WORK
so	CLAL SECURI		71-82-2971	
Ą	WE _ 991	- 2 198	<del></del>	

NOTE: This Owner-Builder Verification is sent to you as required by Sections 19831 and 19832 of the California Health and Safety Code.

THIS VERIFICATION MUST BE COMPLETED AND RETURNED TO OUR OFFICE BEFORE WE ARE PERMITTED TO ISSUE THE PERMIT.

C/OWNER-BUILD. 01-05-87 HLE EXHIBIT 10

		PERMIT NO		32-10
	THIS PERMIT EXPI		this work or rocket	prior to init dete
SPECIAL PEES	Prior PC ONFINENCEM	¥4716		The state of the s
Rumbing []	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			÷
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Electrical	\ /	PLACER CO Building D	OUNTY (vision	916-581-6200
Mechanical	916 823-4401 Aubyrn Office	Daniem -		Tahoe Office
Mobilehome	TOWNER		663-1763	TELEPHONE
5 / 1	XXXXX X CAXX	INXKNIPA CETTI	E DIETER	n. Newcastle
Irrigation   INAU   Sprinklers   4-18-89	OWNER'S MAILING	(MXXM)XX DETIL ADDRESS 1900 G MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AND	XXXXXXX
Sprinklers	CONTRACTOR S NA	ine.		XXXXXXXXX
Other 4-18-8	CONTRACTOR'S MA	AND ADDRESS		
	<b>BOLOX KATAXX</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	experience.	HXXXXXXXXX
SUBJECT TO FIELD:	LOCATION OF CON	8316 East Hid	den Lakes Di	ri ve
REMARKS:	CROSS STREET			
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