



# PLUMBING PERMIT

PERMIT # PP20191122467

ISSUED

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF BUILDING INSPECTION

Call between 8:00 am and 3:00 pm to schedule an inspection - (415) 558-6570  
24-hour Web inspection scheduling at: [https://dbiweb.sfgov.org/dbi\\_plumbing/](https://dbiweb.sfgov.org/dbi_plumbing/)  
24-hour voice inspection scheduling - (415) 575-6955

DATE AND TIME: 11/22/2019 03:32:18 PM

Job Location	1624	SACRAMENTO	RENEWAL	AMENDMENT	PID PERMIT #
OWNER:	BLDG APPL# 201910245500	EID PMT# E201911225770	Unit 5	Unit sfx	BLK/LOT 0621 / 008
Owner Name	YOKO NAGATA REVOCABLE TRUST	Owner/Contact	Unit	Unit sfx	BLK/LOT
Owner Address		Owner Phone			

I hereby affirm that I am licensed under provisions of Chapter 9 (Commencing with Sec. 7000) of Division 3 of the Business and Professions code, and my license is in full force and effect.

CONTRACTOR:	HOMEOWNER PERMIT:	Approving Inspector:
Company Name	License #	Expiration
AXEL8 CONSTRUCTION	1045139	10/31/2020
Address	Class	BTRC #
1102 OLD ALAMEDA PT	B1	1094769
	City	State
	ALAMEDA	CA
		Zip
		94502-0000
		Phone
		4155315998

## DESCRIPTION OF WORK COVERED BY THIS PERMIT:

UNIT 5: CONVERT (E) KITCHEN TO BEDROOM, (E) LIV RM TO BEDROOM, (E) BEDROOM TO LIV RM. RELOCATE KITCHEN. INSTALL 2ND BATHRM, REHAB (E) BATHRM. INSTALL WASHER DRYER. SHOWER PAN

FEES:	MAX INSPECTIONS AVAILABLE	4	VALUATION	0.00	BLDG STDS ADMIN FUND	0.00
NUMBER OF ADDITIONAL INSPECTIONS	0 @	0.00 / 1 EA.	0.00	SURVEY:		0.00
NUMBER OF PLAN REVIEW HOURS:	0 @	0.00 / 1 EA.	0.00	MISCELLANEOUS:		0.00
NUMBER OF ADMIN HOURS:	0 @	0.00 / 1 EA.	0.00	FIRE SPRINKLER:		0.00
SINGLE RESIDENTIAL UNIT:			0.00	FIRE SPRINKLER (NEW/REMODEL):	0 @	0.00 / 1 EA.
PLUMBING INSTALLATION (WITHOUT)	0	UNITS	0.00	RESTAURANT (NEW/REMODEL):	0	OUTLETS
PLUMBING INSTALLATION (WITH):	1	UNITS	372.00	Web fee: 0.00	Penalty	0.00
NEW BOILER INSTALLATION:	0 @	0.00 / 1 EA.	0.00	Tech surcharge (2%)		0.00
OFFICE, MERC AND RETAIL BUILDING:	0 @	0.00 / 1 EA.	0.00	TOTAL PERMIT FEE:		372.00

\* NOT VALID FOR PERMIT IF ANY EMPLOYEE DESCENDS INTO EXCAVATION DEEPER THAN 5'  
Effective 8/7/2009 - Permit shall expire 1 year from date of issuance.

## DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Date	Initials	Remarks

NOTICE TO APPLICANT HOLD HARMLESS CLAUSE: The permittee(s) by acceptance of the permit, agree(s) to indemnify and hold harmless the City and County of San Francisco from and against any and all claims, demands and actions for damages resulting from operations under this permit, regardless of negligence of the City and County of San Francisco, and to assume the defense of the City and County of San Francisco against all such claims, demands or actions.

In conformity with the provisions of Section 3800 of the Labor Code of the State of California, the applicant shall have coverage under (I), or (II) designated below or shall indicate item (III), or (IV), or (V), whichever is applicable. If however item (V) is checked item (IV) must be checked as well. Mark the appropriate method of compliance below:

I. I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700 of the Labor Code for the performance of the work for which this permit is issued.

II. 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:

Policy Number:

III. The cost of the work to be done is \$100 or less.

X IV. 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. I further acknowledge that I understand that in the event that I should become subject to the workers' compensation provisions of the Labor Code of California and fail to comply forthwith with the provisions of Section 3800 of the Labor Code, that the permit herein applied for shall be deemed revoked.

V. I certify as the owner (or the agent for the owner) that in the performance of the work for which this permit is issued, I will employ a contractor who complies with the workers' compensation laws of California and who, prior to the commencement of any work, will file a completed copy of this form with the Central Permit Bureau.

PLEASE MAKE CHECK PAYABLE TO: DEPARTMENT OF BUILDING INSPECTION 1660 MISSION STREET SAN FRANCISCO, CA 94103

Plumbing Inspector's signatures:

Rough In: \_\_\_\_\_

Date: \_\_\_\_\_

Final: \_\_\_\_\_

Date: \_\_\_\_\_

Valid For Issuance: Approved Date: 11/22/2019 02:46:39 PM

Chief Plumbing Inspector:

*Steve Panelli*

CUSTOMER COPY

Issued by: JTRAN

1624 SACRAMENTO ST