CITY OF LIVERMORE

Community Development Livermore, CA 94550

Information: (925) 960-4410 Inspections: (925) 960-4430 Permit No. D181334

Issued Date: 04/17/2019

Valuation: \$9,167,741.70

Site Address: 1665 CHESTNUT ST Parcel Number: 098 024900300

Fire Sprinklers? Yes

Owner Name & Phone #: CHESTNUT SQUARE FAMILY ASSOCIATES L P Contractor Name & Phone #: J H FITZMAURICE INC, 510-444-7561

Description of Work: New four-story apartment building (57,658 SF) with (42) affordable housing units for families over below-grade parking garage (14,712 SF). (Chestnut Square Family Housing)

IMPORTANT

Application is hereby made to the City of Livermore for a permit subject to the conditions and restrictions set forth on the front face of this application. Each person upon whose behalf this application is made and each person at whose request and for whose benefit work is performed under or pursuant to any permit issued as a result of this application agrees to, and shall, indemnify and hold harmless the City of Livermore, its officers agents and employees from any liability arising out of the issuance of any permit resulting from this application.

Licensed Contractor's Declaration: I hereby affirm 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:	A, B, C-8, C-9, C12, C27	
License Number:	111689	Expiration Date:05/31/2021
Contractor's Signa	ature:	
indicated below by permit to construct, that he or she is lice Business and Profe applicant for a perm	the initial(s) I have placed next to the alter, improve, demolish, or repair arensed pursuant to the provisions of the sesions Code) or that he or she is exemits subjects the applicant to a civil per of the property, or my employees with a ffered for sale (Section 7044, Busines byces' or personal effort, builds or improvement is sold within one year of coordinate the property, am exclusively contrators' State License Law does not appropriate to the Contractors' State Liferom licensure under the Contractors' low I acknowledge that, except for my ared by this permit, I cannot legally sections.	s' State License Law for the following reason:
Issued Date	Sig	nature of Property Owner or Authorized Agent
Worker's Comp	pensation Declaration: hereb	by affirm under penalty of perjury one of the following declarations:
performance of the	work for which this permit is issued.	o self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the surance, as required by Section 3700 of the Labor Code, for the performance of the work for which
this permit is issued	d. My workers' compensation insurance	ce carrier and policy number are:
Carrier: OF CAL	REPUBLIC INDEMNITY COMPANY IFORNIA	Policy Number: 14016921
workers' compensa		hich this permit is issued , I shall not employ any person in any manner so as to become subject to the t if I should become subject to the workers' compensation provisions of Section 3700 of the Labor
Issued Date:	olf of ralg	Signature:
		e above information is correct. I agree to comply with all City and State laws relating to the building s City to enter upon the above-mentioned property for inspection purposes.
Issued Date:	94/12/2014	Signature of Owner or contractor

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

Pursuant to Section 17951(d) of the California Health & Safety Code, you may be entitled to reimbursement of fees for inspections not performed within 60 days of notification of completed work.