

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013506
Insp Area: 4

Site Address: 580 LANE DR SAC
Parcel No: 263-0132-015

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

CONTRACTOR

OWNER

ARCHITECT

MARTINEZ GLORIA A
580 LANE DR
SACRAMENTO CA 95815

Nature of Work: STUCCO FRONT OF HOUSE. REMOVE LAP SIDING

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. 3997, Civ. Code)

Lender's Name _____ Lender's Address _____

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ 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 subject to 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 Professions 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 employee, provided that such improvements are not intended or offered for sale. However, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she is not an owner-builder for the purpose of sale.

I, as owner of the property, am exclusively contracting with licensed contractor 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.

I am exempt under Sec _____ B & P for this reason _____

Date 11/9/2000 Owner Signature Gloria Martinez

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

Date 11/9/2000 Applicant Agent Signature Gloria Martinez

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.

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:

Name _____ Policy Number _____ Exp Date _____

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 11/9/2000 Applicant Signature Gloria Martinez

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 INSURANCE, 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.

11/22/2000

Chloria Martinez

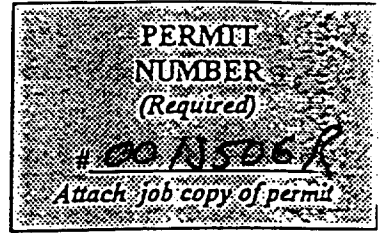
580 Kane Drive

Sae 95815

(916) 649-0304

please not to do
any work would have
to move all cash
& everything

Request from
Chloria Martinez
11/22/00
AR



CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RM. 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 580 LANE DR.
DATE OF WRITTEN REQUEST: 11/22/00 DATE REQUEST RECEIVED: 11/22/00
PERMIT FOR: STUCCO WORK
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: _____ OWNER: GLORIA A MARTINEZ
ADDRESS: _____ ADDRESS: 580 LANE DR
CITY/ST/ZIP: _____ CITY/ST/ZIP: SACRAMENTO, CA 95815
PHONE: _____ PHONE: (916) 649-0304

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>1400.00</u>	Adj. Value	<u>1400.00</u>
BPF pd	<u>146.00</u>	BPF pd	<u>146.00</u>
PC/PPF pd	<u>0</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>50</u>	SMI pd	<u>50</u>
CBL pd	<u>0</u>	CBL pd	<u>0</u>
Tech pd	<u>5.34</u>	Tech pd	<u>5.34</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
Total Paid	<u>152.34</u>	Total Refund Amount	<u>107.34</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Enter Mailed

REFUND PROCESSED BY: [Signature]
REFUND APPROVED BY: [Signature]

DATE: 1/02/01
DATE: Jan 02, 2001

PLEASE ALLOW 30 DAYS FOR PROCESSING

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 582 Lane Dr

Assessor's Parcel Number: 203 0132-015

Previous Use: SE Resid

Description of Request/Proposed Use Stucco front of house

Is This a Change of Use? _____

Zoning Designation: R1

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: _____

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO exempt

Planning Review by/Date: [Signature] 11-7-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL