

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9806855
Insp Area: 3

Site Address: 2105 FRUITRIDGE RD SAC
Parcel No: 0180226017

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

CONTRACTOR
BLUE HAVEN POOLS
3000 SUNRISE BL #9
RANCHO CORDOVA CA 95742

OWNER
SALAS MANUEL L/CRISTINA M
2105 FRUITRIDGE RD
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: POOL (NO HEAT OR SPA)

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 N/A 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 3 of the Business and Professions Code and my license is in full force and effect.

License Class C-53 License Number 713849 Date 2/24/2000 Contractor Signature Debbie Judy-Handy
for Blue Haven Pools

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, or their cooperative will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The contractor 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 or her own employees, for the purpose of such improvements, that is 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).

CANCELLED
REFUND
5/12/00

I am exempt under _____ & PC for this reason: _____
Date _____

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 permitted 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 2/24/98 Applicant/Agent Signature Debbie Judy-Handy

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:

Carrier Compendium National Ins Policy Number 01KR0001967

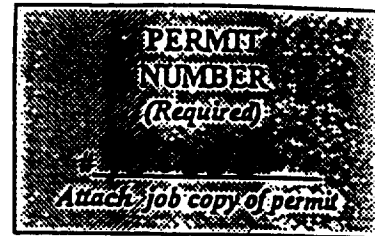
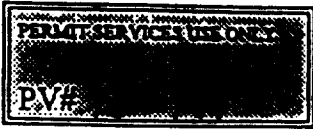
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and that I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 2/24/98 Applicant Signature Debbie Judy-Handy

PAID
CITY OF SACRAMENTO
AUG 25 1998

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT 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.



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: 2105 FRUITRIDGE RD.
DATE OF WRITTEN REQUEST: 3-31-00 DATE REQUEST RECEIVED: 4/18/00
PERMIT FOR: POOL
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: Blue Moon Pools OWNER:
ADDRESS: 3127 FITE CIRCLE, STE. A ADDRESS:
CITY/ST/ZIP: SACRAMENTO, CA. 95827 CITY/ST/ZIP:
PHONE: 916-858-0700 PHONE:

REFUND RECIPIENT: [X] CONTRACTOR [] OWNER [] OTHER:

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

Table with 2 columns: AMOUNT PAID and AMOUNT TO BE REFUNDED. Rows include Permit Value, BPF pd, PC/PPF pd, SMI pd, CBL pd, Tech pd, Other, and Total Paid/Total Refund Amount.

PERMIT SERVICES USE ONLY tracking box with fields: Job Card Attached, App. Book Marked, Permit Canceled, Supp. Paper Work, Letter Mailed.

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

DATE: 5/12/00
DATE: 5/12/00

PLEASE ALLOW 30 DAYS FOR PROCESSING