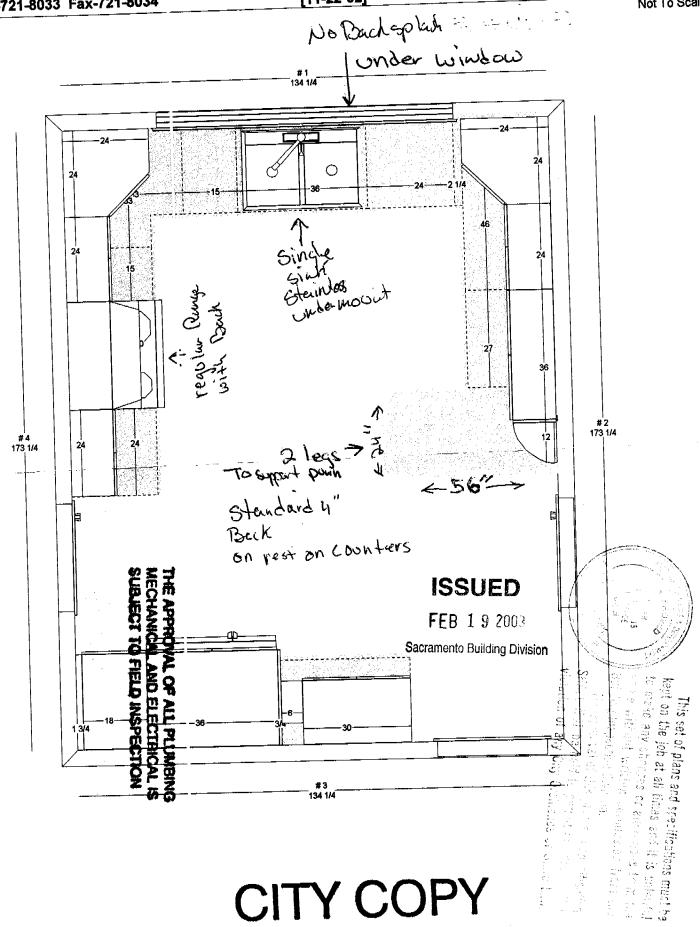
CITY OF SACRAMEN	TO		Permit No:	0302268
1231 I Street, Sacramento,	CA 95814		Insp Area: Thes Bros:	2 317 B2
Site Address: 3900 BARTLEY Parcel No: 017-0061-011	DR SAC		Sub-Type: Housing (Y/N)	
CONTRACTOR KITCHEN CABINET CENTER 1433 FULTON AVE SACRAMENTO, CA 95825	3900 BART	E DENNIS J/KAREN I. LEY DR NTO CA 95822	<u>ARCHITECT</u>	
Nature of Work: KITCHEN REM BRING KITCHEN CIRCUITS UP	ODEL, CAN LIGH TO CODE. NEW (	ITS, UNDER CABINET L CABINETS AND SINK.	IGHTS, AND	
CONSTRUCTION LENDING AGEN the work for which this permit is issued (Sec.	NCY: I hereby affirm to 3097, Civ. C).	under penalty of perjury that there	is a construction lending agenc	y for the performance of
Lender's Name		Lender's∧ddress_		
LICENSED CONTRACTORS DEC (commencing with section 7000) of Division	LARATION: I here 3 of the Business and Pr	by affirm under penalty of perju ofessions Code and my license is in	ry that I am licensed under p	provisions of Chapter
License Class B License Number 78	8416 Date <b>Z</b> -	19-03 Contractor Signatur		
I, as a owner of the property, or my er sale (Sec. 7044, Business and Professional Cowho does such work himself or herself or threathe building or improvement is sold within on the purpose of sale.)	ode: The Contractors Li ough his/her own emplo	cense Law does not apply to an over-	wner of property who builds or pents are not intended or offere	improves thereon, and
	irraly, and the state of			
I, as owner of the property, am exclus The Contractors License Law does not apply t licensed pursuant to the Contractors License L	to an owner of property	who builds or improves thereon, ar	nd who contracts for such project	and Professions Code: ects with a contractor(s)
I am exempt under Sec	B & PC for this re	eason:	÷	
Date	Owner Signature_			•
IN ISSUING THIS BUILDING PERMIT, measurements and locations shown on the apprivate agreement relating to permissible or primprovement or the violation of any private ag	oplication or accompany rohibited locations for s reement relating to locati	ing drawings and that the improv uch improvements. This building ion of improvements.	ement to be constructed does permit does not authorize any	not violate any law or illegal location of any
I certify that I have read this application and st building construction and herby authorize repre-	ate that all information in esentative(s) of this city	s correct. I agree to comply with a to enter upon the abovementioned	Il city and county ordinances and property for inspection purpose	nd state laws relating to s.
Date 2-19-63	Applicant Agent S	11 V		
WORKER'S COMPENSATION DEC I have and will maintain a certificate of performance of work for which the permit is the like I have and will maintain workers' compensation his permit is issued. My workers' compensation	feet FEB 1	Markers' compensation as prov	ided for by Section 3700 of th	e Labor Code, for the
Carrier STATE FUND	NEIGHDEVELOR.	Policy Number 373-0010897	Exp Date	07/01/2003
Carrier STATE FUND  (This section need not be completed if to temploy any person in any manner so as to vorkers' compensation provisions of Section 3.	December and less to the M	VIRCIS CUITIPETISATION TAWS OF CALL	Othia and agree that it i should	permit is issued, Ishall I become subject to the
Date Z-19-03	Applicant Signatur			
WARNING: FAILURE TO SECURE WOR CRIMINAL PENALTIES AND CIVIL FINE COMPENSATION, DAMAGES AS PROVID	RKER'S COMPENSATI ES UP TO ONE HUN	ON COVERAGE IS UNLAWFU	(\$100,000) IN ADDITION	TO THE COST OF

secretarion de la company de l

Kitchen Cabinet Center, Inc. 7975 C Greenback Lane Citrus Heights, CA 95610 916-721-8033 Fax-721-8034 Dennis/Karen Valentine 3900 Bartley Land Park Ca. 95822 444-9518 Praire School / Butternut

[11-22-02]

Not To Scale



3900 BHRTLEY DOR

03022.68



## DEVELOPMENT SERVICES DIVISION

773-0010857

FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.

Note: Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued <u>will be subject to quad fee</u>

PROVIDED: 030-7268

	(4.4.4)	MW LAST COM THE	CK: (an Rugha)	DESCRIPTION OF WORK:
3 CARR	Maha Dung 1	-	required for regular units.	required in certain areas.
		required in certain areas.	Design Review approval may be	Besign Review approval may be
		Note: Design Review approval may be	No.	
	C = = = = = = = = = = = = = = = = = = =		Cut-in: \$	: '
O T	D Re-plumb		Equipment: \$	O vinyl
huilding permit	C CE Cinc repinson	(Describe locations below)	Value of duct work::	□ Iloriz
will require an addition	O Carlina Replacement	DAMAGE REPAIR	Octor)	OT-HI
Correction Notice items	Sewer Service Replacement	DRY ROT OR TERMITE	Office (describe	□ wood
*NOTE:	Water Service Replacement		O Wall furnace	SIDING
			unit to gas.	
urob	O Re-wire		Cur-in	Material:
	New electric circuits	O Rejocate	C) Roof mount	ջ:
U SMOD			Split system	<i>ا</i> ا
	U Blectine Service Change		☐ Heat Pump	☐ HOUSE ☐ GARAGE
•		!	CHANGE-OUT LI NEW	RESHEET
units ONLY)	(residential ONLY)	GAS GELECTRIC	(residential ONLY)	☐ TEAR-OFF
SAFETY INSPECTION*	MINOR PLUMBING	(residential ONLY)	INVAC INSTALLATIONS	REROOF (excluding tile)
PUBLIC UTILITIES	MINOR ELECTRIC and/or	_		
3	ler description of work.	Indicate from the selections below & provide details under description of work.	Indicate from the selection	NATURE OF REQUEST:
	1 minion of work	1 10110: 7 4	8/	Phone: 444-75
18/1/8/	7/30 FAX: 2	phone: 97		City/State/Lip:
	" KACIO ("H 121	City/State/Zip:		Addiess:
1,74	10 10 10 15 h	_Address: /	they the	19 80 Km
Literature # Colonian	Sucha when I've	=	nd Karen Jalan	Property Owner: Home
1 inonce # 7884/	All the the			
11.1	CONTACT PHONE:	Janaidla => co	SON: STATE TOO	⇒ CONTACT PERSON:
50/15	THE PROPERTY AND		6000	OB ADDRESS:
E\$ 15,000	⇒ CONTRACT PRICE \$ 13	UNIT #	Dantley Th	on appress. 2900
13 300	COMMERCIAL (fimiled)	APARTMENTS (4+ units per building)	RESIDENTIAL O	<b>₽</b>
	IN ORDER TO PROCESS THIS REQUEST, TIEF THE CONTROL OF THE PROCESS THIS REQUEST, TIEF THE CONTROL OF THE PROCESS THIS REQUEST, TIEF THE PROCESS THIS REQUEST THE PROCESS THE PROCESS THE PROCESS THIS REQUEST THE PROCESS		ER TO PROCESS THIS REQUES	l'N ORDE
	ORMATION MUST BE PROVIDE	T ALL THE FOLLOWING IN	ביי החיליבים דטוכ פבסוובי	-