



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Permit No. 0603633
 Date Applied 03/17/2006
 Type Commercial
 Subtype Remodel
 Category Hospitals

Permit Address 1050 FOXHALL WY
 SACRAMENTO CA
 Site Location

Parcel No. 02903330010000

Owner HEAVENLY CARE MANOR
 INCORPORA
 1050 FOXHALL WAY
 SACRAMENTO, CA
 916/275-5207

Applicant HEAVENLY CARE MANOR
 INCORPORA
 HEAVENLY CARE MANOR
 INCORPORA
 1050 FOXHALL WAY
 SACRAMENTO, CA
 916/275-5207

Valuation \$ 74,204.56

Fee Items	# of Each	Amount
Permit-Building-Com	1	\$891.00
Plan Ck-Building Com	1	\$714.06
Strong Motion	1	\$15.58
Bldg-Technology Surcharg	1	\$64.20
General Plan Surcharge	1	\$44.25
Fire Dept Review Fee - 260	1	\$95.76
City Business Operations Tax - 206	1	\$29.68
Total		\$1,854.47

PAID
 CITY OF SACRAMENTO
 FEB 23 2007

LICENSED CONTRACTOR'S 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: _____ License Number: _____
 Date: _____ Contractor: _____

OWNER-BUILDER DECLARATIONS
 I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5 B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec.7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

MEM, as 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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

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

Date: 02/23/07 Owner: *[Signature]*

WORKERS COMPENSATION DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).
 Policy Number: _____ Company: _____
 Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department or city _____ department.
 Date: _____ Applicant: _____

MEM certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 02/23/07 Applicant or Agent: *[Signature]*

Description of Work: **NEW CITY HALL**
 CHANGE OF USE FROM SFD TO RESIDENTIAL CARE FACILITY (6 NON-AMBULATORY RMS);
 CONVERT GARAGE TO 2 NON-AMB RMS & STAFF RM

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



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AUTHORIZATION TO SIGN

EXHIBIT 1

I have read and am familiar with the contents of the City's Standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831. I authorize my agent(s) MARCIAL MARINAS to sign the Owner-Builder Verification on my behalf.

Signature Cynthia Marinas
Print Name CYNTHIA MARINAS
Address 1050 FOXHALL WAY
SACRAMENTO, CA 95831
Telephone (916) 275-5207