

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9800558

Insp Area: 3

Site Address: 3056 6TH AV SAC

Parcel No: 0130281011

Sub-Type: RES

Housing (Y/N):

CONTRACTOR

BLUE HAVEN POOLS

3000 SUNRISE BL

#9 95742

Phone: 916-858-0700

Nature of Work: SWIMMING POOL

OWNER

GAYTAN MICHAEL J

3056 6TH AV

SACRAMENTO CA 95817

Phone:

ARCHITECT

Phone:

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 \_\_\_\_\_ 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 9-03 License Number 7 8804 Date 2/25/98 Contractor Signature [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 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption is: (a) 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).

**CANCELLED**  
**REFUND**  
**5/12/00**

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 or her 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 or 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).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

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.

Date 2/25/98 Applicant/Agent Signature [Signature]

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 WALSH Policy Number FWC 5115982

(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 2/25/98 Applicant Signature [Signature]

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 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.

PERMIT SERVICES USE ONLY  
PV# 462791



PERMIT NUMBER:  
(Required)  
# 9800558A  
Attach job copy of permit

CITY OF SACRAMENTO  
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION  
1231 I STREET, RML 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: 3056 - 6<sup>TH</sup> AVE.  
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:  CONTRACTOR  OWNER  OTHER: \_\_\_\_\_

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.05.1)

| AMOUNT PAID  |                  | AMOUNT TO BE REFUNDED |                          |
|--------------|------------------|-----------------------|--------------------------|
| Permit Value | <u>13,995.00</u> | Adj. Value            | <u>13,995.00</u>         |
| BPF pd       | <u>350.00</u>    | BPF pd                | <u>350.00</u>            |
| PC/PPF pd    | <u>118.00</u>    | PC/PPF pd             | <u>0</u>                 |
| SMI pd       | <u>140</u>       | SMI pd                | <u>140</u>               |
| CBL pd       | <u>560</u>       | CBL pd                | <u>560</u>               |
| Tech pd      | <u>1822</u>      | Tech pd               | <u>1822</u>              |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | Other                 | _____                    |
| Other        | _____            | (Comm/Res Adman)      | <u>(-30.00) (-30.00)</u> |
| Total Paid   | <u>49582</u>     | Total Refund Amount   | <u>34572</u>             |

PERMIT SERVICES USE ONLY  
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