

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0519993

Insp Area: 4

Thos Bros: 277H3

Sub-Type: HSG

Housing (Y/N):

Site Address: 701 KESNER AV SAC

Parcel No: 250-0112-024

PERMIT EXPIRES IN 60 DAYS 02-26-2006

Y

CONTRACTOR

OWNER

ZUNIGA ERNESTO/ROSEMARY HUA
701 KESNER AV
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: H-050047278--INSTALLATION OF NEW CUT-IN, HVAC SPLIT SYSTEM WITHOUT A PERMIT.

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 _____ 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 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 as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional 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 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/she did not build or improve for the purpose of sale.)

X RA 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: **TO BE DETERMINED**
Date 12/28/05 Owner Signature [Signature]
CITY OF SACRAMENTO
DEC 29 2005

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 improvement. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements. **NEW CITY HALL**

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 above-mentioned property for inspection purposes.

Date 12/28/05 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 _____ Policy Number _____ Exp Date _____

X RA (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 12/28/05 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.



05/9993

CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT

Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: _____

Exceed web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

PA

937-0881-062

Job Address: 809 1/2 Red Hill Ave
Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Contract Price: 40,000

CONTACT INFO Name: _____ Phone #: _____ Email: _____ License #: _____

Property Owner: Rowell & Jones Contractor: Owen

Address: 5440 Beine Ridge Dr Address: _____

City/State/Zip: CASTRO CLAYTON CITY City/State/Zip: _____

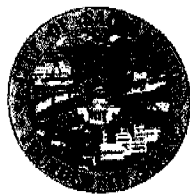
Phone: (925) 708-3229 Phone: _____ Fax: _____

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: Rowell Existing House

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 1 # Squares: 940 Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Roof in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cur-in: \$ _____	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Slabs <input type="checkbox"/> Mudsill/Sluds <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps 200 <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input checked="" type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner *Ronald L. Jones*

Date 1-30-06 Case No. _____ Permit No. 0519933

Job Address 809 Bell Ave

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

Recording Requested By:
New Century Mortgage
Corporation
Return To:
New Century Mortgage
Corporation
18400 Von Karman, Ste 1000
Irvine, CA 92612

Prepared By:
New Century Mortgage
Corporation
18400 Von Karman, Ste 1000
Irvine, CA 92612

_____[Space Above This Line For Recording Data]_____

DEED OF TRUST

DEFINITIONS

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

(A) "Security Instrument" means this document, which is dated September 12, 2005 together with all Riders to this document.

(B) "Borrower" is RONALD GOMES and CHRISTINE RULO, Husband and Wife, As Joint Tenants

Borrower's address is 5400 BRIAR RIDGE DRIVE , Castro Valley, CA 94552

. Borrower is the trustor under this Security Instrument.

(C) "Lender" is New Century Mortgage Corporation

Lender is a Corporation
organized and existing under the laws of California

1003489763

CALIFORNIA-Single Family-Fannie Mae/Freddie Mac UNIFORM INSTRUMENT

Form 3005 1/ 01

 -6(CA) (0207)

Page 1 of 15

Initials: _____

VMP MORTGAGE FORMS - (800)521-7291