



1588

Office Use Only

Permit No: 0614854  
Date Issued:  
Total Amount: \$18.79  
Imp Area #:

PAYED  
CITY OF SACRAMENTO  
SEP 28 2006

Inspection Request # (916) 264-7622

Please Fill in the NEW CITY MAP

Site Address: ~~1588~~ Newborough Dr.  
Name of Work: Replace hot water heater 140 gal elec

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, City 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: C License Number: 822623 Date: 9/22/06 Signature: Yarb Gidner

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the construction license law for the following reasons (Sec. 7051.5, Business and Professions Code, any city or county ordinance): I am the owner of the property, and the work is not intended or offered for sale (Sec. 7044, Business and Professions Code). I am the owner of the property who intends to improve, maintain, or repair any structure, and who does such work himself or herself or through his or her family or other persons who are not licensed or offered for sale. If, however, the building or improvement is sold within two years after completion, the contractor shall have the burden of proving that he or she did not build or improve for the purpose of sale. Any violation of Section 7051.5 by the contractor shall be a misdemeanor and shall be punishable by a civil penalty of not more than five hundred dollars (\$500.00).

I, as a owner of the property, or my contractor, shall not be held liable for any violation of the provisions of the Construction License Law (Chapter 9, commencing with Section 7000 of the Business and Professions Code) for this work or for any other work done on the property. I, as a contractor, shall not be held liable for any violation of the provisions of the Construction License Law (Chapter 9, commencing with Section 7000 of the Business and Professions Code) for this work or for any other work done on the property. I, as a contractor, shall not be held liable for any violation of the provisions of the Construction License Law (Chapter 9, commencing with Section 7000 of the Business and Professions Code) for this work or for any other work done on the property.

I, as a contractor, shall not be held liable for any violation of the provisions of the Construction License Law (Chapter 9, commencing with Section 7000 of the Business and Professions Code) for this work or for any other work done on the property. I, as a contractor, shall not be held liable for any violation of the provisions of the Construction License Law (Chapter 9, commencing with Section 7000 of the Business and Professions Code) for this work or for any other work done on the property.

I am exempt under Sec. \_\_\_\_\_  
Date: \_\_\_\_\_  
Owner/Builder Signature: \_\_\_\_\_

IN ISSUING THIS BUILDING PERMIT, the applicant has represented on the representation of the applicant, that the applicant verified all measurements and locations shown on the application of work to be done on the property. 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 that all information is correct. I agree to comply with all city and county 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: \_\_\_\_\_ Applicant/Agent Signature: Yarb Gidner

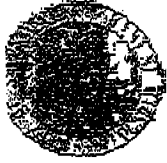
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of coverage to suit insure for workers' compensation as provided for by Section 1700 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: American Home  
Policy Number: WCB 011100 Expiration Date: 1-31-07

(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 as to no 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 these provisions.  
Date: 9/22/06 Applicant Signature: Yarb Gidner

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.



CITY OF SACRAMENTO  
 PLANNING & BUILDING DEPARTMENT  
 BUILDING DIVISION  
 WWW.CITYOFSACRAMENTO.CA.GOV  
 Help Line: 1-916-808-5666 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-7622



Fax # 916-808-1901

Downtown Permit Center, New City Hall  
 915 J Street, 3<sup>rd</sup> Floor, Sacramento, CA 95834

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

Fax # 916-808-8370

Activity # 0614851

**FAXED PERMIT APPLICATION**

(certain restrictions apply)

Date: 9/22/08

*Faxed request must be received in this office by 3:00 P.M. to be processed the following working day.  
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

*Note: Work started before a Building Permit is issued will be subject to grand fee.*

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 15188 Newborough Dr.

Contact Person: Keith Simon

Property Owner: Cesoyl McGrath

Address: 15188 Newborough Dr.

City/State/Zip: Sacramento, CA 95833

Phone: 916-616-2125

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

Description of Work: Replace hot water heater, 40 gal elec

Unit # \_\_\_\_\_ Contract Price \$ 500.00

Contact Phone: 866-293-3031 x 1040 1042

Contractor: Plumb-In-Time License # 868068

Address: 362 Memorial Drive #140

City/State/Zip: Crystal Lake, IL 60014

Phone: 866-293-3031 x 1042 Fax: 815-383-5663

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshock <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-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: \$ _____ Cut-in: \$ _____ *Design Review approval may be required	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Electric <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 Termitic Damage Repair (Describe Locations Below): _____ *Design Review approval may be required	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input 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 (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.
--	---	--	--	--