

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0005529  
Insp Area: 2

Site Address: 7842 DETROIT BL SAC  
Parcel No: 053-0092-016

Sub-Type: RES  
Housing (Y/N): N

CONTRACTOR

Pride Electric

OWNER

NGUYEN NINH  
7842 DETROIT BL  
SACRAMENTO CA 95832

ARCHITECT

Nature of Work: REPAIRING LIKE FOR LIKE. STOLEN BREAKERS. 100 AMP.

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.

X License Class C License Number 774032 Date 5/23/00 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 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.)

\_\_\_\_ 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.

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.

X Date 5/23/00 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 \_\_\_\_\_

(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 violate or circumvent the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of the Labor Code, I will comply with those provisions.

X Date 5/23/00 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.



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

DATE: 5/22/2000

- 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 will be subject to a civil fee.
- IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

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

JOB ADDRESS: 7842 DETROIT AVE. SACRO. UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 750.00

→ CONTACT PERSON: ALEX NGUYEN → CONTACT PHONE: 425-2222 774632

Property Owner: NINH NGUYEN  
 Address: 7842 DETROIT AVE.  
 City/State/Zip: SACRAMENTO, CA. 95832  
 Phone: (916) 425-2222

Contractor: TIM PITTS - PRIDE ELECTRIC  
 Address: 10804 AMBASSADOR DR.  
 City/State/Zip: ROCKY HILL, CALIFORNIA 95800  
 Phone: (916) 425-2222 FAX: (916) 425-2222

NATURE OF REQUEST: Indicate from the selections below

<input type="checkbox"/> RENOV (excluding (b)) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESURF  SQUARES _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> stucco  Note: 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"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-la  Value of duct work: _____ Equipment \$ _____ Out-la \$ _____  Note: Design Review approval may be required.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC  <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Radiant <input type="checkbox"/> New  Cost of equipment: \$ _____	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input checked="" type="checkbox"/> Electric Service Change # amps <u>100 Amp</u> <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"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY)  <input type="checkbox"/> DSMUD <input type="checkbox"/> PGE  *NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK: Repairing lines for line. Replacing vandalized and OR stolen breakers.



PAID  
CITY OF SACRAMENTO

SEP 13 2000

NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

### RE-INSPECTION PAYMENT FORM

Date: 9/12/2000

ADDRESS: 7842 Detroit Blvd. Sac. 95832

PERMIT NUMBER: #0005529

RESIDENTIAL   
COMMERCIAL  (If commercial check discipline)

Building   
Mech/Plmbg   
Electric

\*\*\*DUPLICATE\*\*\*  
PRN: 09/13/2000 040 JSB  
DATE: 09/13/2000 9:43AM 00004055  
PMT#: 005529R SHT RES BLD PT  
0200BLDG PMT-RESID \$75.00  
PC CHANGE \$75.00  
\$0.00

FEE: \$75.00 PER INSPECTION  
TOTAL

Inspector's Name: Tom Rogers

APS Entry By: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Field Inspection - Clerical  
Fax Permit Specialist



building better neighborhoods block by block