

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0113800

Insp Area: 2

Thos Bros: 316 J5

Site Address: 5951 RIVERSIDE BL SAC

Parcel No: 029-0166-020 - 5953

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

PROBILT CONSTRUCTION  
PO BOX 418112  
SAC CA

OWNER

ORLOFF CLIFFORD  
1195 HF EUCLID AV  
BERKELEY CA 94708

ARCHITECT

Nature of Work: FIRE REPAIR TO INTERIOR OF APARTMENT.

**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 B License Number 699807 Date 10/24/01 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 abovementioned property for inspection purposes.

Date 10/24/01 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.

APIC 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 STATE FUND Policy Number 7130003636 Exp Date 10/01/2002

(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 10/24/01 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0113800</u>	Insp. Area <u>ZC</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5951-5953 Riverside Blvd Suite 101  
 PARCEL # 029-0166-020

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p><b>LICENSED CONTRACTOR</b> Lic No. # <u>699807</u></p> <p>Name <u>PROBILT CONSTRUCTION</u></p> <p>Address <u>P.O. Box 418112</u></p> <p>City/State/Zip <u>Sacramento Cal 95841</u></p> <p>Phone <u>973 1088</u> FAX <u>973 1086</u></p> <p>E-mail: <u>PROBILT4U@aol.com</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Clifford Orloff / Riverfield Apt</u></p> <p>Address <u>5951 Riverside Ave</u></p> <p>City/State/Zip <u>Sacramento Calif 95831</u></p> <p>Phone <u>395 9925</u> FAX <u>393 6034</u></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND  
 → WORKER'S COMPENSATION POLICY # 713000363601 EXPIRATION DATE: 10/1/02

NATURE OF WORK IN DETAIL: Fire repair to interior of unit 101.  
Drywall, Bathroom redo, doors, lites, H/A unit, Paint

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 29,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>04</u>	<u>AL</u>	

COMMENTS: See fire report

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Sacramento Fire Department - Incident Report

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Incident No : 010044082 Call# : 1098923 Date: 09/21/01 Time: 16:57  
Address : 5951 RIVERSIDE BL #101  
Type : 11 BUILDING FIRE  
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL  
Property : APARTMENTS: APT:21 + UNITS  
UBC : HOTELS APT HOUSES CONVENTS  
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Weather : 78 Degrees / Cloudy  
Resources : 4 Engines, 3 Trucks 2 Medics  
1 Other Apparatus  
2 Fire Rescue Units

Fire Casualties : None

Fire Damage : Confined to the fire division compartment  
Smoke Damage : Confined to structure of origin  
Property Loss : \$40,000 Contents Loss : \$20,000  
Property Value : \$150,000 Contents Value: \$40,000

Area of Origin : Sleeping room for under 5 persons Level: A01

Caused by : Equipment: Insufficient information

Form of Heat : Undetermined

Ignition Factor : Undetermined

Type of Material : Undetermined

Form of Material : Undetermined

Type of Material : Undetermined

Form of Material : Undetermined

Other Factors : Acts or Omissions Insufficient information

Extinguished by : Water from hydrant, draft, standpipe

Structure Type : Building with one specific property use

Structure Status : In use

Occupied

Construction Type: Type V - Wood Frame

Roof Type : Composition

Number of Stories: 3

Detector Type : Smoke detector - ionization

Power : Hard Wire

Performance : Detector in space of origin - alerted occupants

Reason Failed : No failure

Extinguishing Sys: No extinguishing system

Report Author : F624