

CITY OF SACRAMENTO

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0605931

Insp Area: 2

Thos Bros: 337E2

Sub-Type: HSG

Housing (Y/N): Y

Site Address: 7390 24TH ST SAC

Parcel No: 047-0014-014

H&DB  
UNIT # Fire Repair and Rehab  
PERMIT EXPIRES ON

JUN 28 2006

CONTRACTOR  
PROBILT CONSTRUCTION  
3770 WEST PACIFIC AVE  
SAC CA 95820

OWNER  
SOUTHCREST APTS  
7390 24TH ST  
SACRAMENTO, CA 95822

ARCHITECT

PAID  
CITY OF SACRAMENTO

APR 28 2006

NEW CITY HALL

Nature of Work: 06-002408---FIRE REPAIR TO INTERIOR, (FIRE SMOKE WATER DAMAGE.] UNIT #23

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 4/28/06 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 4/28/06 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 STATE FUND Policy Number 7130003636 Exp Date 10/01/2006

(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 4/28/2006 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO  
 PLANNING & BUILDING DEPARTMENT  
 PERMIT SERVICES SECTION  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY #	Isnp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7390 24<sup>TH</sup> Street Suite Unit 23  
 PARCEL # \_\_\_\_\_

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>699807</u>	
Name _____	Street Address _____	Name <u>Probit Construction</u>	Address <u>3770 west Pacific Ave</u>
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip <u>Sac Calif 95820</u>	Phone <u>455 1782</u> FAX <u>455 1783</u>
E-mail: _____		E-mail: <u>probit4u@aol.com</u>	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name _____	Address _____	Name <u>Jon Berkley Management</u>	Address _____
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip _____	Phone <u>530 753 5910</u> FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
 → WORKER'S COMPENSATION POLICY # 713000 3636 EXPIRATION DATE: 10/1/2006

NATURE OF WORK IN DETAIL: Fire repair to all interior finishes - No structural repair -

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 42,000

<b>FLOOD STATUS</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PEUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Yes  No