

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110783

Insp Area: 3

Thos Bros: 317J1

Site Address: 101 FAIRGROUNDS DR SAC

Parcel No: 011-0330-023

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

FIVE STAR SERVICES
975 FEE DR
SACRAMENTO CA 95815

OWNER

FRANK DOUGLAS R/MARY JANE
FAIR OAKS CA
95628

ARCHITECT

Nature of Work: FIRE REPAIR IN ACCORDANCE TO SCOPE OF WORK, SUBJECT TO FIELD APPROVAL

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 748149 Date 8-22-01 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 8-22-01 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.

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 Clarendon National Ins. Co. Policy Number 03KR0013980 Exp Date 10/01/01

(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 8-22-01 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 # 0110783	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 101 Fairgrounds Drive Sacramento CA, 95815 Suite _____
 PARCEL # 011 0330 023

CONTACT Name <u>ERIC WHITE</u> Street Address <u>975 Fee Drive</u> City/State/Zip <u>Sac. CA. 95815</u> Phone <u>927-4800 ext 227 FAX 927-4700</u> E-mail: <u>ericw@five-star-services.com</u>	LICENSED CONTRACTOR Lic No. # <u>748149</u> Name <u>Five Star Services</u> Address <u>975 Fee Drive</u> City/State/Zip <u>Sac. CA. 95815</u> Phone <u>927-4800</u> FAX <u>927-4700</u> E-mail: _____
ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	OWNER Name <u>Douglas Frank</u> Address <u>101 Fairgrounds Drive</u> City/State/Zip <u>Sac. CA. 95815</u> Phone <u>(916) 227-3004 work FAX</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Clarendon National Ins. Co.
 → WORKER'S COMPENSATION POLICY # 03KR0013980 EXPIRATION DATE: 10-01-01

NATURE OF WORK IN DETAIL: Remove interior material to bare studs; Repair or replace fire damaged framing, wiring, HVAC, sub-panel, windows, outlets, etc. Repair damage to exterior soffit, siding and roof. Build entire back to match pre-burn condition

OCCUPANT/TENANT: NONE VALUATION: \$ 30,215.00

FLOOD STATUS: X0		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				RI		SPR	ALARM	03	[H]	[Quad]
B	L	P	M	E	F	S	D	LV	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

REQUEST FOR PLANNING STAFF REVIEW

..... to be filled out by Building staff

CUSTOMER NAME: Eric White

PROJECT ADDRESS: 101 Fairgrounds Dr

PROJECT DESCRIPTION: Gut of interior to bare studs, remove
replace charred lumber, wiring and outlets, new sub-panel,
New HVAC, Sheetrock throughout, new cabinets, windows, vinyl,
Carpet, Fixtures, etc. Exterior repairs to roof, siding and
soffit.

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

- | | | |
|--|--------------------------------------|-------------------------------------|
| New Buildings OR Exterior Work to Existing Buildings | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| Site Work (changes to Parking, outdoor Equipment, etc) | <input type="radio"/> YES | <input checked="" type="radio"/> NO |
| Change in Use OR Expansion of Existing Use | <input type="radio"/> YES | <input checked="" type="radio"/> NO |

If customer answers "YES" to any of the above questions, application requires Planning review.
Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: _____ DATE: 8/20/01 BY: A Robles

If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: _____

DATE: _____ BY: _____