

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909880
Insp Area: 2

Site Address: 1129 WEBER WY SAC
Parcel No: 016-0122-012

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

CONTRACTOR
KEE LINGSWORTH CONST
1548 MARKHAM WY
SACRAMENTO CA 95818

OWNER
PIERCE RICHARD M/MARJORIE
1129 WEBER WY
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: ADD 308 SQ FT TO SFD

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 337327 Date 2 SEP 99 Contractor Signature Michael Keelhart

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 Professions 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, 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 & P 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.

Date 2 SEP 99 Applicant/Agent Signature Michael Keelhart

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 1578883 Exp Date 7-1-00

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 2 SEP 99 Applicant Signature Michael Keelhart

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.

8 Sep 99

To whom it may concern;

I am requesting a Refund
for Permit # 99 09880 R
1129 Weber way SScravent.

The owner Richard Piere
was decided not to do any of the
work of Improvement.

Richard Piere Paid by check.
Please return 911 that is
refundable to him.

1129 Weber way
Skr CA 95822
916 492-9924

11/1/99

Theresa Kallmeyer
916-447-5797

MHR

PERMIT SERVICES USE ONLY
 PV# 452503



PERMIT NUMBER
 (Required)
 # 9909880R
 Attach job copy of permit

CITY OF SACRAMENTO
 NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
 1231 I STREET, RM. 200
 SACRAMENTO, CA 95814

PERMIT SERVICES
 916-264-7619
 FAX 916-264-7046

BUILDING INSPECTIONS
 916-264-5716
 FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 1129 WEBER WAY
 DATE OF WRITTEN REQUEST: 9/8/99 DATE REQUEST RECEIVED: 9/8/99
 PERMIT FOR: ROOM ADDITION
 REASON FOR REFUND: JOB CANCELED
 CONTRACTOR: KILLINGSWORTH CONST. OWNER: RICHARD PIERCE
 ADDRESS: _____ ADDRESS: 1129 WEBER WAY
 CITY/ST/ZIP: _____ CITY/ST/ZIP: SAC. CA. 95822
 PHONE: _____ PHONE: 916-442-5984

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>18,584.72</u>	Adj. Value	<u>18,584.72</u>
BPF pd	<u>420.00</u>	BPF pd	<u>420.00</u>
PC/PPF pd	<u>135.00</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>1.86</u>	SMI pd	<u>1.86</u>
CBL pd	<u>743</u>	CBL pd	<u>743</u>
Tech pd	<u>22.20</u>	Tech pd	<u>22.20</u>
EXCISE	<u>148.62</u>	Other EXCISE	<u>148.62</u>
		Other	
		Other	
		Other	
		Other	
		(Donor Res Adm'n)	<u>(-33.00) (-50.00)</u>
	<u>735.11</u>	Total Refund Amount	<u>550.12</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed _____

RECEIVED BY: [Signature]
 APPROVED BY: [Signature]

DATE: 9-9-99
 DATE: 9-9-99

PLEASE ALLOW 30 DAYS FOR PROCESSING