



Inspection Request # (916) 264-7622

Building Permit

***** Office Use Only *****

ISSUED CITY OF SACRAMENTO

Permit No: 0004424
Date Issued: 3-31-2006
Total Amount: 78.79
Insp Area #: 2

APR 03 2006

DOWNTOWN PERMIT CENTER

***** Please Fill in the Following *****

Site Address: 3921 Deer Run Way
Nature of Work: Replace hot water heater 50 gal gas tall ayc

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: C License Number: 868068 Date: 3/1/06 Signature: Juan E. Jimenez

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 permit application with the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 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 licensed contractor shall constitute a civil penalty of not more than five hundred dollars (\$500.00).

I, as a owner of the property, or my agent, am exempt from the contractor License Law for the following reason (Sec. 7044, Business and Professions Code. I am the owner of the property who intends to improve, alter, demolish, or repair the structure, and who does such work himself or herself or through his/her agent, 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 or she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively responsible for the construction of the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to all owners of property who build or improve, alter, demolish, or repair the structure, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec. Date: Owner's Signature:

IN ISSUING THIS BUILDING PERMIT, the applicant has represented and the applicant on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or approved 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: 3.31.06 Applicant/Agent Signature: Juan Jimenez

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 1700 of the Labor Code, for the performance of work for which this 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: American Home, Policy Number: 1163401490, Expiration Date: 2-21-07

(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 these provisions.

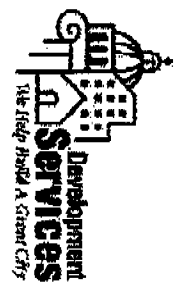
Date: Applicant Signature:

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
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd, Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # 0604424
Alex Z

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 3-31-06

Noted request must be received in this office by 3:00 P.M. to be processed the following workday.
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 grand fee.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 3921 Deer Run Way RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Contact Person: Pat Harmon
 Property Owner: Vasilio Dicosas
 Address: same as above
 City/State/Zip: _____
 Phone: 916-1085-1083
 Unit # _____ Contract Price \$ 500.00
 Contact Phone: _____
 Contractor: Plumb-in-Time License # 868068
 Address: 360 Memorial Drive #140
 City/State/Zip: Crystal Lake, IL 60014
 Phone: 86-293-3031 or 1042 Fax: 815-351-0663

Nature of Work: (Provide detailed description of work & indicate type of work in sections below)
 Description of Work: Replace hot water heater / 50 gal. gas tall one.

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingle <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of direct work: _____ Equipment \$ _____ Out-in \$ _____	<input checked="" 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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitic Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <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"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
---	--	---	--	---

* Design Review approval may be required.

* Design Review approval may be required.

NOTE:
 Correction Notice items will require an additional building permit.