

CITY OF SACRAMENTO

Permit No: 9805635

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2158 FAIRFIELD ST SAC

Sub-Type: ASFR

Parcel No: 2750146009

Housing (Y/N): N

CONTRACTOR

BILL BAYMILLER CONSTRUCTION
7708 RUDYARD CR
ANTELOPE CA 95843

OWNER

HERNANDEZ MICHAEL R
2158 FAIRFIELD ST
SACRAMENTO CA 95815

ARCHITECT

FALLON ENGINEERING
BRETT OSBORN
P O BOX 344

Nature of Work: 446.2SQ FT ADDITION INCL STAIRS AND 38.7 DECK

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 P License Number 1645344 Date 9-29-98 Contractor Signature Julia K. Minopaul

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 9-29-98 Applicant/Agent Signature Julia K. Minopaul

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 _____ Policy Number _____

(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 9-29-98 Applicant Signature Julia K. Minopaul (Agent for Contractor)

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.

Certification of Compliance

School District Development Fees

PART I To be completed by APPLICANT

Owner's Name & Address _____

Project Address 2158 FAIRFIELD ST

Parcel Number _____

Lot No. _____

Subdivision Name _____

Number of Units _____

Applicant's Signature & Title _____

Date _____

Phone No. _____

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period during which you may protest the fees or other payment identified above will begin to run on the date in which the building or other development for this project is issued or of which they are paid to the district(s) or to another public entity authorized to collect such fees on behalf of the district(s), whichever is earlier.

PART II To be completed by BUILDING DEPARTMENT

Plan Identification Number 98-05635 R

Building Type (CHECK ONE)

Square Feet of Chargeable Building Area 517

Residential

Apartment / Condominium

Commercial / Industrial

Signature _____

Title _____

Date _____

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District

District Certification No. _____

EXEMPT _____

Comments _____

RESIDENTIAL / APARTMENT / CONDOMINIUM

_____ Sq. Ft. X \$ _____ = \$ _____

COMMERCIAL / INDUSTRIAL

_____ Sq. Ft. X \$ _____ = \$ _____

OTHER FEE: TYPE _____

_____ Sq. Ft. X \$ _____ = \$ _____

TOTAL FEES COLLECTED = \$ 0

Robla Elementary School District

District Certification No. _____

EXEMPT _____

Comments _____

RESIDENTIAL / APARTMENT / CONDOMINIUM

_____ Sq. Ft. X \$ _____ = \$ _____

COMMERCIAL / INDUSTRIAL

_____ Sq. Ft. X \$ _____ = \$ _____

OTHER FEE: TYPE _____

_____ Sq. Ft. X \$ _____ = \$ _____

TOTAL FEES COLLECTED = \$ _____

I hereby certify that the information furnished to me is true and correct. Any additions or corrections to the square footage for chargeable building area are an amendment to this certificate of compliance.

I, _____, school district official, hereby certify that the requirements of Government Code Section 65995 and any other applicable requirements have been complied with by the above signed applicant.

GRANT

Authorized School District Official

ROBLA

Signature _____

Title _____

Date 7-22-98

Signature _____

Title _____

Date _____

Grant Joint Union High School District

Robla Elementary School District

Building Department

DESIGN REVIEW / PRESERVATION BOARD
APPLICATION FOR STAFF REVIEW

APPLICATION INFORMATION FORM (FORM A-1)
FOR PROJECTS SUBJECT TO STAFF REVIEW AND APPROVAL

SECTION - A.

DR/PB Number ER98-043 Date Received Stamp: _____

PROJECT LOCATION _____

ASSESSOR'S PARCEL NUMBER(S) 275-0146-009

APPLICANT NAME & MAILING ADDRESS Michael R Hernandez
2158 Fairfield St Sacto CA ZIP 95815 PHONE 9276425

OWNER NAME & ADDRESS Michael R Hernandez 2158 Fairfield St
Sacto CA 95815 PHONE 9276425

Related Planning Commission File No(s). & Hearing Dates(s):

SECTION - B.

PROJECT INFORMATION -

Parcel Dimension 40' X 125' Area (sq. ft. or ac.) _____

Existing & Proposed Zoning R-1

Existing & Proposed Use(s) Primary Residential

Statement of Intent Plan to Build a Second Story
Master Bed room with Bathroom

*Placed
Approved as
submitted.
w. Westman*

Residential Form

The following information is needed for determining permit fees:

Address: 2158 Fairfield St.

Plan Review No: 9805635

Construction Areas	Square Feet
Dwelling 37.5	446.2 ⁰
Garage	
Patios and/or Porches	38.7 ⁰
Others	
Number of Rooms for Utilities	
Expedite Plan Check Hours	

72.16

Plan Check by : Nakashima



CONTRACTORS STATE LICENSE BOARD

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA
 MAILING ADDRESS: P.O. BOX 26000
 SACRAMENTO, CALIFORNIA 95826



(916) 366-5153

EXEMPTION FROM WORKERS' COMPENSATION

Pursuant to Section 7125.1 of the Business and Professions Code prior to issuance of a new license or reinstatement, reactivation, or renewal of an existing license and as a condition of continued maintenance of an existing license, the applicant or licensee must have on file a Certificate of Workers' Compensation Insurance or a certificate of consent to self-insure from the Director of Industrial Relations. If the applicant or licensee has no employees, an exemption certificate must be submitted, certifying under penalty of perjury that he/she does not employ any person in any manner to be subject to the Workers' Compensation laws of California. A certificate or exemption is not required on an inactive license.

If you do not employ any person in any manner to be subject to the Workers' Compensation laws of California, complete this exemption certificate. Send the completed certificate to the Contractors State License Board (CSLB) at the address above.

NOTE: If the license is qualified by a Responsible Managing Employee (RME), an exemption certificate cannot be submitted.

PLEASE TYPE OR PRINT IN INK. FORMS COMPLETED IN PENCIL ARE NOT ACCEPTABLE.

LICENSE NUMBER OR PENDING APPLICATION NUMBER <i>645344</i>	
FULL NAME OF BUSINESS (AS IT CURRENTLY APPEARS ON THE RECORDS OF THE CSLB) <i>Bill BAYMILLER CONST.</i>	
EFFECTIVE DATE - MONTH/DAY/YEAR (IF THE EFFECTIVE DATE IS OLDER THAN 90 DAYS, WE WILL USE THE TIME STAMP DATE) <i>5-1-92</i>	
DAYTIME TELEPHONE NUMBER <i>(916) 344-6829</i>	EVENING TELEPHONE NUMBER <i>() SAME</i>

On *6-1-92* at *N. HIGHLANDS SACRAMENTO CA.*
 Date - Mo/Day/Yr City County State

I certify under penalty of perjury under the laws of the State of California that the above named business does not employ any person in any manner so as to become subject to the Workers' Compensation laws of California. I further certify that the CSLB will be notified within 90 days of any change which results in the business becoming subject to the Workers' Compensation laws of California.

SIGNATURE OF OWNER, PARTNER OR OFFICER *Bill Baymiller*
 PRINT OR TYPE NAME *Bill BAYMILLER*

THIS EXEMPTION WILL REMAIN ON FILE UNTIL YOU NOTIFY THE CSLB OF ANY CHANGES. PURSUANT TO SECTION 7083 OF THE BUSINESS AND PROFESSIONS CODE, FAILURE TO NOTIFY THE CSLB OF ANY CHANGES WITHIN 90 DAYS IS GROUNDS FOR DISCIPLINARY ACTION.