

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0006853**  
**Insp Area: 3**

**Site Address: 5421 7TH AV SAC**  
Parcel No: 015-0052-014

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

CONTRACTOR  
KLEENAIR  
1657 SILICA AVE  
SACTO CA 95815

OWNER  
SNETKO  
5421 7TH AV  
SAC, CA. 95820

ARCHITECT

**Nature of Work: HVAC CHANGE OUT; ROOF MOUNT:**

**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-20 License Number 48197 Date 6-21-00 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 6-21-00 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 FOOD Policy Number 71397 Exp Date 10-03-00

(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 6-21-00 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 # <span style="font-size: 1.5em; font-family: cursive;">8066583</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 706 56TH ST. SAC 95819 Suite \_\_\_\_\_  
 PARCEL # 004-0342004, 005, 006

<b>CONTACT</b> Name <u>JIM DONOVAN</u> Street Address <u>531 PICO</u> City/State/Zip <u>SAC CA 95819</u> Phone <u>451 9064</u> FAX <u>455 5921</u> E-mail: _____	<b>LICENSED CONTRACTOR</b> Lic No. # <u>574134</u> Name <u>MARK III</u> Address <u>5101 FLORIN PERKINS</u> City/State/Zip <u>SAC CA 95826</u> Phone <u>381 8080</u> FAX <u>386 0363</u> E-mail: _____
<b>ARCHITECT/ENGINEER</b> Name <u>MARK III</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<b>OWNER</b> Name <u>FD DEVELOPMENT</u> Address <u>531 PICO</u> City/State/Zip <u>SAC CA 95819</u> Phone <u>451 9064</u> FAX <u>455 5921</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_

NATURE OF WORK IN DETAIL: FOUNDATION UNDERGROUND SITE UTILITIES WORK ONLY

OCCUPANT/TENANT: _____										VALUATION: \$ <u>75,000</u>		
FLOOD STATUS:					S.C.A.T. <u>(X1.11)</u> <u>(X1.14)</u> <u>(X1.27)</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TR	REM	SW	FIRE	ADD	OTH		
INSPECTION DISCIPLINES												
		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>					
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File			
						SPR	ALARM	<u>15</u>	[H]	[Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>D</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTI</u>		

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

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_
2. I (have) have not \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

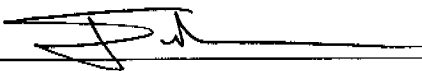
Name MARILL Address 5101 FLORENZ PERKINS  
City SAC Telephone 381 8081  
Contractors License No. 574134

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name Jim Dowd/MW Address 521 PICO  
City SAC Telephone 451 9064  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed   
Job Address 706 56TH ST  
Permit No: 2294



531 Pico Way  
Sacramento, CA 95819  
916.451.9064  
Fax 916.455.5921

June 14, 2000

Dennis Richardson, P.E.  
Development Services Department  
1231 "I" Street, Ste 200  
Sacramento, CA 95814

Re: "East Sacramento Village" Phase 2, PC# 2294

Dear Mr. Richardson,

JD Development Co., as the property owner and developer, acknowledges that we are not vested in right to build this building. JD Development Co. will remove the foundation if the lot-line merger is not recorded by December 31, 2000.

This letter is in addition to terms and conditions set forth on the partial permit form.

Sincerely,

Jim Donovan  
President

MOBILE # 719.0905

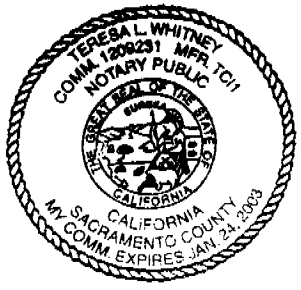
Approved for  
foundation & underground  
site utilities work only  
6/14/00

State of California  
County of Sacramento

On June 14, 2000 before me, TERESA L. WHITNEY  
(DATE) (NAME/TITLE OF OFFICER-i.e. "JANE DOE, NOTARY PUBLIC")

personally appeared Jim Donovan  
(NAME(S) OF SIGNER(S))

personally known to me -OR-  ~~proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.~~

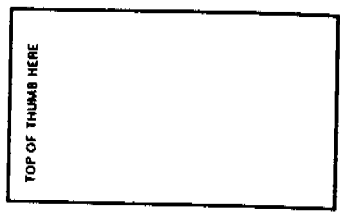


Witness my hand and official seal.

(SEAL)

Teresa L. Whitney  
(SIGNATURE OF NOTARY)

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE

OFFICER(S) \_\_\_\_\_ (TITLES)  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)  
 INDIVIDUAL(S)  
 CORPORATE

OFFICER(S) \_\_\_\_\_ (TITLES)  
 PARTNER(S)  LIMITED  GENERAL  
 ATTORNEY IN FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
(Name of Person(s) or Entity(ies))

ATTENTION NOTARY

The information requested below and in the column to the right is OPTIONAL. Recording of this document is not required by law and is also optional. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:  
Title or Type of Document EAST SAC Village Phase 2 PC # 2294 "Acknowledgment"  
Number of Pages 1 Date of Document June 14, 2000  
Signer(s) Other Than Named Above N/A

