

CITY OF SACRAMENTO

Permit No: 9900349

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 715 EXCHANGE ST SAC ASFR

Sub-Type:

Parcel No: 2260161021

Housing (Y/N): N

CONTRACTOR DH CONSTRUCTION 4324 ORANGE GROVE 95841

OWNER CUNNINGHAM CHARLES G/LINDA MARI RIO LINDA CA 95673

ARCHITECT

Nature of Work: FIRE REPAIR TO RESIDENCE WITH TRUSS REPAIRS

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-1 License Number 362161 Date 1/13/99 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 1/13/99 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 FUND Policy Number 048-99 UNIT 0004903 Exp Date 01/01/2000

(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 1/13/99 Applicant Signature [Signature]

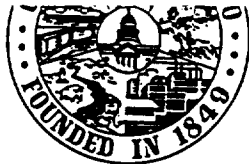
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

N. H. Construction is cancelling  
Building Permit # 9900349  
For Fire Repair AS OF 1/28/99

~~W. H. Dinniddie~~  
Raph Dinniddie

PV# 207



NUMBER (Required) #9900349 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: 715 Exchange Street
DATE OF WRITTEN REQUEST: 1/28/99 DATE REQUEST RECEIVED: 1/28/99
PERMIT FOR: Fire Repairs
REASON FOR REFUND: Withdrew Permit Application
CONTRACTOR: D.H. Construction OWNER: Ray Cox
ADDRESS: 4324 CRANKS CREEK AVE ADDRESS: 715 Exchange Street
CITY/ST/ZIP: Smith 95841 CITY/ST/ZIP: Rio Linda CA, 95832
PHONE: 481 3297 PHONE:

REFUND RECIPIENT: [X] CONTRACTOR [ ] OWNER [ ] OTHER:

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

Table with 2 columns: AMOUNT PAID and AMOUNT TO BE REFUNDED. Rows include Permit Value, BPF pd, PC/PPF pd, SMI pd, CBL pd, Tech pd, Other, and Total Paid/Refund Amount.

PERMIT SERVICES USE ONLY. Checklist with items: Job Card Attached, App. Book Marked, Permit Canceled, Supp. Paper Work, Letter Mailed.

REFUND PROCESSED BY: Beth Mauney
REFUND APPROVED BY: David P. Brock

DATE: 1/29/99
DATE: 2-9-99

PLEASE ALLOW 30 DAYS FOR PROCESSING



Sacramento Fire Department - Incident Report

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Incident No : 980053451 Call# : 98117390 Date: 12/19/98 Time: 7:09  
Address : 715 EXCHANGE ST  
Type : 11 BUILDING FIRE  
Action Taken: 12 VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL  
Property : 1-2 FAMILY RESIDENTIAL: SINGLE FAMILY  
UBC : DWELLINGS AND LODGING HOUSES  
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Weather : 44 Degrees / Clear  
Resources : 1 Engine, 2 Trucks  
1 Other Apparatus

Fire Casualties : None

Fire Damage : Confined to structure of origin  
Smoke Damage : Confined to structure of origin  
Property Loss : \$50,000 Contents Loss : \$50,000  
Property Value : \$120,000 Contents Value: \$50,000

Level: A01

Area of Origin : Lounge area  
Caused by : No equipment involved  
Form of Heat : Insufficient information  
Ignition Factor : Incendiary, arson, criminal act  
Type of Material : Cotton, rayon, cotton fabric, finished goods  
Form of Material : Upholstered sofa, chair, vehicle seats  
Type of Material : Cotton, rayon, cotton fabric, finished goods  
Form of Material : Upholstered sofa, chair, vehicle seats  
Smoke Travel : Doorway, passageway  
Other Factors : Crime cover: burglary, theft, other  
Extinguished by : Water carried on first in unit  
Structure Type : Building with one specific property use  
Structure Status : In use  
Not occupied  
Construction Type: Type V - Wood Frame  
Roof Type : Composition  
Number of Stories: 1

Detector Type : Smoke detector - ionization  
Power : Hard Wire  
Performance : Detector in space of origin - did not operate  
Reason Failed : Undetermined/not reported

Extinguishing Sys: No extinguishing system

Report Author : F188