

0519986

Building Permit

City of Sacramento



Inspection Request (916) 764-7622

Office Use Only CITY OF SACRAMENTO

Permit No: 0519986
Date Issued:
Total Amount: 78.99
Insp Area #: 4

ISSUED DEC 28 2005

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 1406 BAXTER AVE SMC 95815
Nature of Work: WATER HEATER C/O

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).

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... License No: 846379

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)... I am exempt under 310

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measure, location and locations shown on these application or accompanying drawings and that the improvements to be constructed do not violate any local ordinance, agreement, including a permit, or prohibitive code, or such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any provision of any ordinance 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 to authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date: 12-27-05 Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury of the following declarations: I have and will maintain a certificate of coverage to self-insure for workers' compensation... Policy Number: 1908639-2006

Date: 12-27-05 Applicant Signature

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SUBJECT TO CIVIL PENALTIES, OVER TO CRIMINAL PENALTIES AND CIVIL PENALTIES UP TO TEN TIMES THE PENALTY OF \$100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AND COSTS AND PENALTIES OF 3706 OF THE LABOR CODE, INCLUDING ATTORNEY'S FEE.

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

FAXBACK PERMIT APPLICATION

(certain restrictions apply)



Requests received in this office before 2:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to grad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

COMMERCIAL (limited)

APARTMENTS (4+ units per building)

RESIDENTIAL

THE PROPERTY: 1416 DEXTER AVE, SACRAMENTO, CA 95815
 Parcel Number: 224-8308 CONTACT PHONE: 924-8308 License # 846378
 CONTACT PERSON: BARBARA PARKINS Contractor: MIKE LOZANO
 Property Owner: SAME Address: 250 LEE SCHOOL X RD
 City/Zip: WILSON CA 95693 Phone: 916-280-7106 FAX: 916-287-8468
 Phone: SAME

FOR BACK

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work:

W/A CHANGE OUT

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ <input type="checkbox"/> GARAGE <input type="checkbox"/> SIDING <input type="checkbox"/> WOOD 1-111 <input type="checkbox"/> HORIZ <input type="checkbox"/> VINYL <input type="checkbox"/> STUCCO	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to base <input type="checkbox"/> Wall Necesses <input type="checkbox"/> Other (describe below) Value of other details: \$ _____ Cut by: _____	(Residential ONLY) <input checked="" type="checkbox"/> WATER HEATER <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Rebrass <input type="checkbox"/> REPAIR <input type="checkbox"/> Floor/joints <input type="checkbox"/> Fault Structure <input type="checkbox"/> Mastic/Seals <input type="checkbox"/> Sealant <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential and single apartment units ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> PGE	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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