

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0104668
Insp Area: 1

Site Address: 1806 N ST SAC
Parcel No: 007-0241-004

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

CONTRACTOR

OWNER

ARCHITECT

PETERSON FANNY B
3576 STROLLING HILLS
CAMERON PARK CA 95682

Nature of Work: FIRE DAMGE REPAIR TO WESTSIDE OF BLDG.- LIVING RM, BEDROOM
RM. REPAIR DECKING/ ADD A/C UNIT

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 _____ License Number _____ Date _____ Contractor 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 4-18-2001 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 herby authorize representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date 4-18-2001 Applicant/Agent 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 Exempt Policy Number _____ Exp Date _____

(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 4-18-2001 Applicant Signature

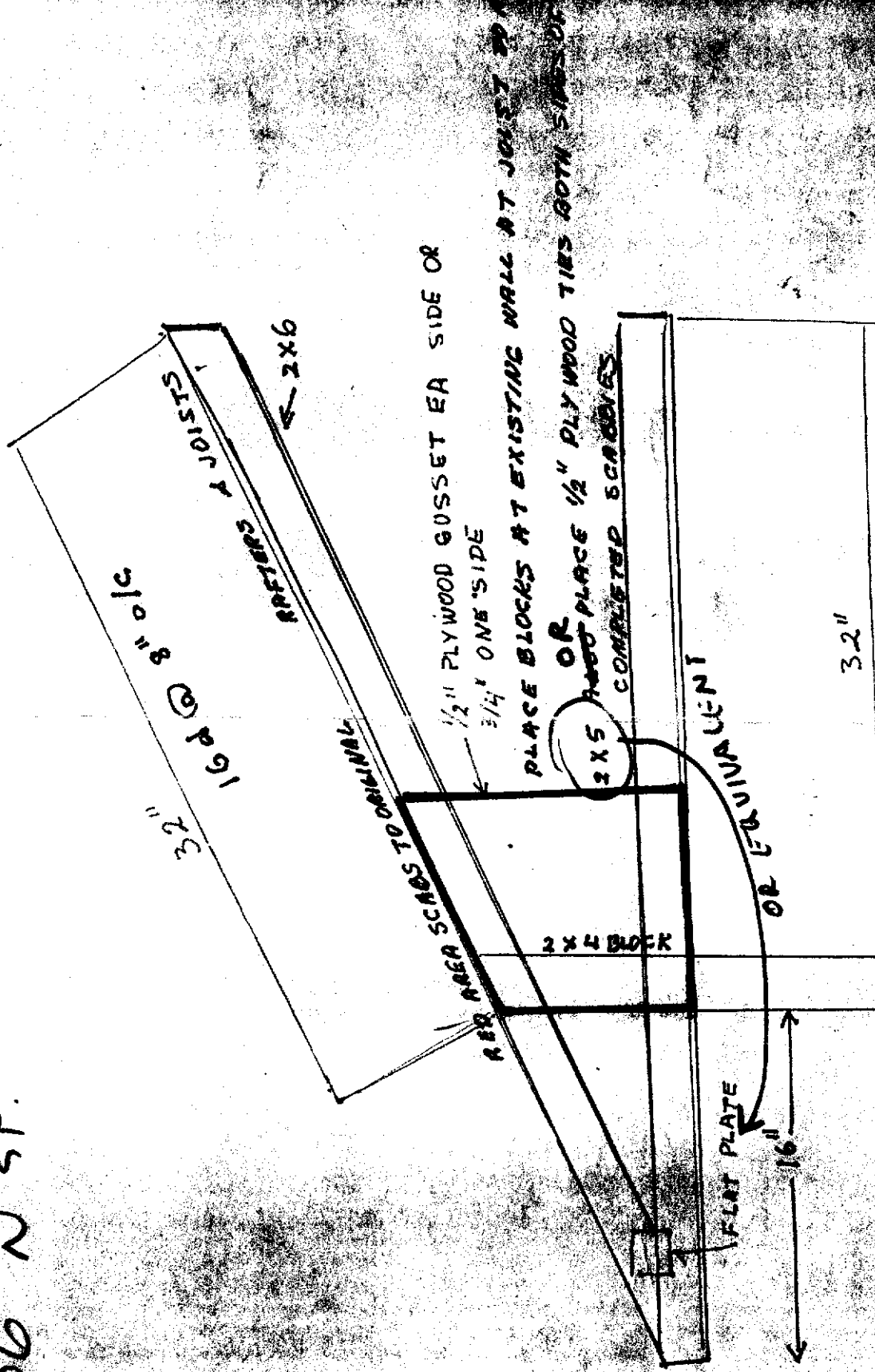
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S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

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMPLETED AND DEVELOPMENT SERVICES WITHIN 180 DAYS

APR 18 2001
CITY OF SACRAMENTO
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

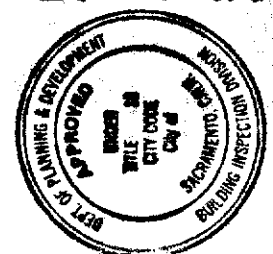
0104668 R
1806 N ST.

AREA ①



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve violation of any City Ordinance or State



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[Handwritten signature]
01/27/01

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 # 0104668	Insp. Area 1
------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1906 37th N St. Suite _____
 PARCEL # 007-0441-004

<p style="text-align: center;">CONTACT</p> <p>Name <u>Bub Peterson</u> Street Address <u>3576 Stralling Hills</u> City/State/Zip <u>Camden Park Ca 95682</u> Phone <u>433 7663</u> FAX <u>530-672-2706</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Owner - Bub Peterson</u> Address <u>3576 Stralling Hills</u> City/State/Zip <u>Camden Park Ca 95682</u> Phone <u>433 7663</u> FAX <u>530-672-2706</u> E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Repair Fire Damage to SFR
Part of Extreme Decking, Steps Repair
air condition units

OCCUPANT/tenant: SFR **VALUATION:** \$ 40,000.

FLOOD STATUS:				S.C.A.T.								
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI ()	<input checked="" type="checkbox"/> REM (✓)	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH		
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE					
# Stories	In Areas	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Vio. File				
						SPR	ALARM	[H]	[Quad]			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> E	<input type="checkbox"/> P	<input type="checkbox"/> M	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL			

COMMENTS: _____

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

Sacramento Fire Department - Incident Report

Incident No : 000050860 Call# : 114245 Date: 11/16/00 Time: 11:00
Exposures : 1
Address : 1806 N ST
Type : 11 BUILDING FIRE
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL
Property : 1-2 FAMILY RESIDENTIAL: SINGLE FAMILY
UBC : DWELLINGS AND LODGING HOUSES

Weather : 54 Degrees / Clear
Resources : 3 Engines, 2 Trucks 2 Medics
4 Other Apparatus
2 Fire Rescue Units

Fire Casualties : None

Fire Damage : Confined to structure of origin
Smoke Damage : Confined to structure of origin
Property Loss : \$250,000 Contents Loss : \$45,000
Property Value : \$300,000 Contents Value: \$100,000

Area of Origin : Exterior balcony Level: A01

Caused by : Equipment: Insufficient information
Form of Heat : Heat from wood or paper fueled equipment
Ignition Factor : Heat source too close to combustibles

Type of Material : Undetermined

Form of Material : Undetermined

Type of Material : Undetermined

Form of Material : Undetermined

Smoke Travel : Not classified

Other Factors : Detection of fire

Extinguished by : Water from hydrant, draft, standpipe

Structure Type : Building with one specific property use

Structure Status : In use

Occupied

Construction Type: Type V - Wood Frame

Roof Type : Composition

Number of Stories: 2

Detector Type : Undetermined/not reported

Extinguishing Sys: No extinguishing system

Report Author : F282