

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014488

Insp Area: 3

Site Address: 3325 65TH ST SAC
Parcel No 015-0172-001

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

CONTRACTOR

OWNER
FRINDA SOTO
3325 65TH ST
SAC, CA

ARCHITECT

Nature of Work: RPLC SVC PANEL

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. 407.13, C.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 a 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 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption is the relation (Sec. 7031.5(b) of the Business and Professions Code) that he or she is performing the work for a project not more than five hundred dollars (\$500.00).

I, as a owner of the property, or my employees with whom I am in my sole compensation, will do the work, and the structure is not intended or offered for sale (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 does such work himself or herself, through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is intended within the year of its completion, the owner-builder will have the burden of proof 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 (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 & P. for this reason: _____

Date: 1 Dec 00 Owner Signature: *Frinda Soto*

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 an 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 representatives of this city to enter upon the abovementioned property for inspection purposes.

Date: 1 Dec 00 Applicant Agent Signature: *Frinda Soto*

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 _____ 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: 1 Dec 00 Applicant Signature: *Frinda Soto*

WARNING - FAILURE TO SECURE WORKERS 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.

PERMIT SERVICES USE ONLY
PV#



PERMIT NUMBER
(Required)
0019438
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: 3325 - 65TH ST.
DATE OF WRITTEN REQUEST: 12-13-00 DATE REQUEST RECEIVED: 12/29/00
PERMIT FOR: SRVC PANEL
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: _____ OWNER: ERLINDA SOTO
ADDRESS: _____ ADDRESS: 3325 - 65TH ST.
CITY/ST/ZIP: _____ CITY/ST/ZIP: SAC. CA. 95820
PHONE: _____ PHONE: (916) 457-7537

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

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

AMOUNT PAID	AMOUNT TO BE REFUNDED
Permit Value <u>520.00</u>	Adj. Value <u>500.00</u>
BPF pd <u>75.00</u>	BPF pd <u>75.00</u>
PC/PPF pd <u>0</u>	PC/PPF pd <u>0</u>
SMI pd <u>0</u>	SMI pd <u>0</u>
CBL pd <u>0</u>	CBL pd <u>0</u>
Tech pd <u>3.00</u>	Tech pd <u>3.00</u>
Other	Other
Other	Other
Other	Other
Other	Other
Other	Other
Other	Other
Other	(Comm/Res Adman) <u>(-30.00) (-50.00)</u>
Total Paid <u>78.00</u>	Total Refund Amount <u>28.00</u>

PERMIT SERVICES USE ONLY
Job Card Attached
App. Book Marked
Permit Cancelled
Supp. Paper Work
Letter Mailed

REFUND PROCESSED BY: [Signature] DATE: 1-29-01
REFUND APPROVED BY: [Signature] DATE: 1-29-01

PLEASE ALLOW 30 DAYS FOR PROCESSING