

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95833

Permit No: 0606244  
Insp Area: 2  
Thos Bros: 316H7

Site Address: 209 ROUNDTRAIL BLVD  
Parcel No: 030-0420-01

**PAID** Sub-Type: RES  
CITY OF SACRAMENTO (Y/N): N

CONTRACTOR  
OWNER BUILDER

SEVER  
MONS SHAWNEE  
ROUNDTRAIL CT

MAY 04 2006  
ARCHITECT

**NEW CITY HALL**

Nature of Work: C/O MAIN EXHAUST OWNER-BUILDER PERMIT.

CONSTRUCTION LENDING: 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.

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

LICENSED CONTRACTOR: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of the Business and Professions Code and my license is in full force and effect.

License Class \_\_\_\_\_ License Number \_\_\_\_\_ Contractor Signature \_\_\_\_\_

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code) that the city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant 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 applicant who is exempt from section 7031.5 by any agreement 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, am doing the work as their own occupation, 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, or through his or her employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is done for the purpose of sale, 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 contracting with licensed contractor(s) 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. \_\_\_\_\_ for this reason: \_\_\_\_\_

X Date 5/4/06 \_\_\_\_\_ Contractor Signature \_\_\_\_\_

IN ISSUING THIS BUILDING PERMIT, the city represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the plans and accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to placement of structures on lots for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any provisions relating to location of improvements.

I certify that I have read this application and construction is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize the city to conduct the above-mentioned property for inspection purposes.

X Date 5/4/06 \_\_\_\_\_ Agent Signature \_\_\_\_\_

WORKER'S COMPENSATION: I hereby affirm under penalty of perjury one of the following declarations:  
I have and will maintain a workers' compensation insurance policy 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 carrier and policy number are:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(This section need not be completed if the value of the work is \$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 that is prohibited by 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 fully comply with those provisions.

X Date 5/4/06 \_\_\_\_\_ Agent Signature \_\_\_\_\_

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

THIS PERMIT IS VOID IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



**CITY OF SACRAMENTO**

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

Downtown Permit Center  
1231 I Street, Suite 200  
Sacramento, CA 95814

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

Fax # 916-264-1901

**PAID**  
**CITY OF SACRAMENTO**  
**MAY 04 2006**

**NEW CITY HALL**

Date: 5/4/06

**MINOR PERMIT APPLICATION**

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM  
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Unit # \_\_\_\_\_ Contract Price \_\_\_\_\_

Job Address: \_\_\_\_\_

CONTACT INFO Name: SHAWN LYONS

Phone #: (916) 992-1266

Email: ht24@aol.com

Property Owner: Shawn Lyons

Address: 209 Roundtree Ct

City/State/Zip: Sac, CA 95831

Contractor: \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Pre-Registered?  YES  NO

Registration # \_\_\_\_\_

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Change Main Breaker / CURRENTLY YOUR POWER w/ TRIP

Reroof (excluding tile)  
 Tear-Off  
 Resheet  
 House  Garage  
# Stories: \_\_\_\_\_  
# Squares: \_\_\_\_\_  
Material: \_\_\_\_\_  
 Siding  
 Wood  
 T-111  
 Horiz  
 Vinyl  
 Stucco

HVAC Installations (Residential Only)  
 Change-out  New  
 Heat Pump  
 Package  
 Split system  
 Roof mount  
 Cut-in  
Heat pump or elect. unit to gas.  
 Wall furnace  
 Other (describe below)  
Value of duct work: \$ \_\_\_\_\_  
Equipment: \$ \_\_\_\_\_  
Cut-in: \$ \_\_\_\_\_

Water Heater (Residential Only)  
 Electric  Gas  
 Change-out  
 Electric to Gas  
 Relocate  
 New  
 Dry Rot or Termit  
Damage Repair  
 Flooring/Joists  
 MudSill/Studs  
 Roof Structure  
 Exterior

Minor Electric and/or Plumbing (Residential Only)  
 Electric Service Change  
# amps \_\_\_\_\_  
 New electric circuits  
 Re-wire  
 Water Service Replacement  
 Sewer Service Replacement  
 Gas Line Replacement  
 Re-plumb  
 Water  Waste

Public Utilities Safety Inspection  
(Residential and single apartment units Only)  
 SMUD  PG&E  
\* NOTE \*  
Correction Notice items will require an additional building permit.

Office Use Only: \_\_\_\_\_

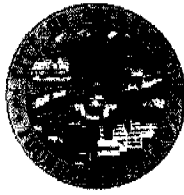
Parcel #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Processor's Initials: \_\_\_\_\_

Permit #: 0006244



**PAID**  
CITY OF SACRAMENTO

MAY 04 2006

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677

NEW CITY HALL

### OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A -  all the work authorized by this permit.
- B -  a portion of the work.
- C -  none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (\*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name SWITCH ELECTRICAL Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of Work \_\_\_\_\_

3.  I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]

Date 5/1/06 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address \_\_\_\_\_

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.