

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0511108

Insp Area: 2

Thos Bros: 338A6

Site Address: 5900 HOLLYHURST WY SAC

Parcel No: 117-0104-017

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

KLECKNER CHARLENA A
5900 HOLLYHURST WY
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: PAPERLESS - REPLACE MAIN BREAKER

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 July 27-05 Owner Signature Charlena Kleckner

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 abovementioned property for inspection purposes.

Date July 22-05 Applicant/Agent Signature Charlena Kleckner

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.

PAID CITY OF SACRAMENTO

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 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 July 27-05 Applicant Signature Charlena Kleckner

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.



**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

**MINOR PERMIT APPLICATION**

Date: 7-27-05

*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:**

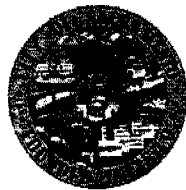
Job Address: 5900 Hollyhurst way Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Unit # \_\_\_\_\_ Contract Price \_\_\_\_\_

CONTACT INFO Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ License #: \_\_\_\_\_  
 Property Owner: Charleng Kleckner Contractor: \_\_\_\_\_  
 Address: 5900 Hollyhurst way Address: \_\_\_\_\_  
 City/State/Zip: Sacramento, CA 95823 City/State/Zip: \_\_\_\_\_  
 Phone: 916 391-1443 Phone: 799-9855 Fax: \_\_\_\_\_  
 Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered?  YES  NO Registration # \_\_\_\_\_

Description of Work: Replace Main Breaker 508-6822

|   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Reroof (excluding tile)<br><input type="checkbox"/> Tear-Off<br><input type="checkbox"/> Resheet<br><input type="checkbox"/> House <input type="checkbox"/> Garage<br># Stories: _____<br># Squares: _____<br>Material:<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Horiz<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Stucco | <input type="checkbox"/> HVAC Installations (Residential Only)<br><input type="checkbox"/> Change-out <input type="checkbox"/> New<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br>Heat pump or elect. unit to gas.<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: _____<br>Equipment: \$ _____<br>Cut-in: \$ _____ | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Electric <input type="checkbox"/> Gas<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termit<br>Damage Repair<br><input type="checkbox"/> Flooring/Joists<br><input type="checkbox"/> Mudsill/Studs<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Exterior | <input checked="" type="checkbox"/> Minor Electric and/or (Residential Only)<br><input checked="" type="checkbox"/> Electric Service Change<br># armps <u>100</u><br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection<br>(Residential and single apartment units Only)<br><input checked="" type="checkbox"/> SMUD <input type="checkbox"/> PG&E<br>* NOTE *<br>Correction Notice items will require an additional building permit. |
| Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: <u>7/27/05</u> Processor's Initials: <u>[Signature]</u> Permit #: <u>0511108</u>   |   |   |  |   |

*John Briel 718-7260*



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

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

**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 \_\_\_\_\_ 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 Charlene Kleckner

Date July 27 05 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address 5900 Hollyhurst Way Sac Calif. 95823

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