

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114945

Insp Area: I
Thos Bros: 297 F4

Site Address: 2617 G ST SAC

Parcel No: 003-0195-025

UNIT #5

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

CONTRACTOR
PROBITL CONSTRUCTION
PO BOX 418112
SAC CA

OWNER
ZIPPERIAN LENARD S/JUDITH M
1990 THIRD ST SUITE 900
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: FIRE REPAIR-REMOVE ALL FIRE DAMAGE TO ROUGH FRAME AND COMPLETELY REFINISH. (NO STRUCTUAL DAMAGE)
ALL WORK IS SUBJECT TO FIELD INSPECTIONS.

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 B License Number 699807 Date 11/20/2001 Contractor Signature [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: STATE FUND

Date _____ Owner Signature [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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 11/20/2001 Applicant/Agent Signature [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.

BY 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 STATE FUND Policy Number 7130003636 Exp Date 10/01/2002

(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 11/20/2001 Applicant Signature [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 COMMENCED WITHIN 180 DAYS.

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 # <u>0114945</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2617 G Street Apt # 5 Suite _____
 PARCEL # 003-0199-025

<p align="center">CONTACT</p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. #<u>699807</u></p> Name <u>PROBILT CONSTRUCTION</u> Address <u>P.O BOX 418112</u> City/State/Zip <u>Sacramento California 95841</u> Phone <u>973 1088</u> FAX <u>973 1086</u> E-mail: <u>PROBILT4U@AOL.COM</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>D</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">OWNER</p> Name <u>FREMONT Management Corp</u> Address <u>1990 Third Street Suite 900</u> City/State/Zip <u>Sacramento California 95814</u> Phone <u>441 0127</u> FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 713000363601 EXPIRATION DATE: 10-01-2002

NATURE OF WORK IN DETAIL: Fore repair to complete interior of unit 5.
Replace 2-4'4" windows + 1 6'6" patio door - Carpet, Vinyl, Drywall
interior doors, cabinets, sinks, bathtub, lite fixtures - NO Structural
damage to framing

OCCUPANT/TENANT: _____ VALUATION: \$ 32,000⁰⁰

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			SITE		FIRE
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>RI</u>		SPR	ALARM	<u>04</u>	[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

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

Sacramento Fire Department - Incident Report

Incident No : 010052386 Call# : 1117504 Date: 11/08/01 Time: 23:15
Address : 2617 G ST #5
Type : 11 BUILDING FIRE
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL
Property : APARTMENTS: APT:21 + UNITS
UBC : HOTELS APT HOUSES CONVENTS

Weather : 55 Degrees / Clear
Resources : 5 Engines, 3 Trucks 2 Medics
1 Other Apparatus
2 Fire Rescue Units

Fire Casualties : None

Fire Damage : Confined to the fire division compartment
Smoke Damage : Confined to structure of origin
Property Loss : \$20,000 Contents Loss : \$7,000
Property Value : \$50,000 Contents Value: \$25,000

Area of Origin : Lavatory, locker room, cloakroom Level: A01

Caused by : No equipment involved

Form of Heat : Candle, taper

Ignition Factor : Heat source too close to combustibles

Type of Material : Paper

Form of Material : Insufficient information

Type of Material : Rigid plastics

Form of Material : Insufficient information

Smoke Travel : Doorway, passageway

Other Factors : Intoxication: drugs or alcohol
Drowsiness

Extinguished by : Water carried on first in unit

Structure Type : Building with two or more specific property uses

Structure Status : In use

Occupied

Construction Type: Type V - Wood Frame

Roof Type : Composition

Number of Stories: 2

Detector Type : Smoke detector - photoelectric

Power : Battery

Performance : Detector not in space of origin - did not operate

Reason Failed : Inadequate maintenance

Extinguishing Sys: Undetermined/not reported

Performance : Undetermined/not reported

Reason Failed : Undetermined/not reported

Report Author : F429