

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 9909849  
Insp Area: 2

Site Address: 8180 ARROYO VISTA DR SAC  
Parcel No: 117-1120-056

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

CONTRACTOR

OWNER  
REGENCY PROPERTIES LLC  
9260 CHERRY AV  
ORANGEVALE CA 95662

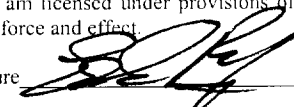
ARCHITECT

Nature of Work: STRUCTURE FRAMING ONLY, AND ROOF.

**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 Name First Bank Lender's Address Sacramento

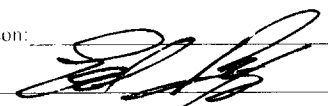
**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 671659 Date SEP 2 1989 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).

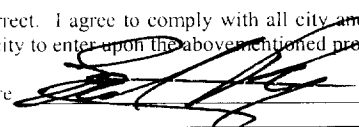
I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, 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 SEP 2 1989 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date SEP 2 1989 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 Name Parsons Insurance Co. Policy Number 425-5858 call Exp Date Aug 1989

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 SEP 2 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 COMMENCED WITHIN 180 DAYS.**

# Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

## PART I To be completed by the APPLICANT

OWNER'S NAME Rosario Properties LLC  
 OWNER'S ADDRESS 7211 Hill Ave  
 PROJECT ADDRESS 8190 8180 Arroyo Vista Dr  
 PARCEL NUMBER 117-1120-056 LOT NO. \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 NUMBER OF UNITS 1

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT Owner  
 DATE 11/1/99 PHONE NUMBER 425 5513

## PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 9909849  
 BUILDING TYPE  
 RESIDENTIAL ( ) APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL (X)  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 24,000 sq ft  
 SIGNATURE William J. Lane  
 TITLE Building Insp III DATE 9-1-99

## PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT EGUSD  
 DISTRICT CERTIFICATION NO. 23888  
 EXEMPT \_\_\_\_\_ COMMENTS Senior Residence  

RESIDENTIAL/APT/CONDO	SQ FT X \$	= \$
COMMERCIAL/INDUSTRIAL (1)	<u>24,000</u> SQ FT X \$ <u>.31</u>	= \$ <u>7,440.00</u>
OTHER FEE TYPE	SQ FT X \$	= \$
<b>TOTAL FEES COLLECTED</b>		<b>= \$ <u>7,440.00</u></b>

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**

SIGNATURE [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9909849 Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8180 Arroyo Vista Drive Suite \_\_\_\_\_

PARCEL # 117-1120-056

<b>CONTACT</b> Name _____ Address _____ Phone _____ FAX _____ E-mail _____	<b>LICENSED CONTRACTOR</b> Lic No. # <u>67165</u> Name <u>Pacific Oak Development</u> Address <u>9260 Cherry Ave. Orangevale 95822</u> Phone <u>425-5858</u> FAX <u>989-9702</u> E-mail <u>J.Pilegaard@aol.com</u>
<b>ARCHITECT/ENGINEER</b> Name _____ Address _____ Phone _____ FAX _____ E-mail _____	<b>OWNER</b> Name <u>Regency Properties LLC.</u> Address <u>9260 Cherry Ave Orangevale 95822</u> Phone <u>425-5858</u> FAX <u>989-9702</u> E-mail _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_

→ WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Structural Framing Only

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 500,000

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION		BLDG	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/>		Fed Code	Vio. File
<u>1</u>	<u>24,000</u>			<u>R-2.1</u>	<u>wood</u> <u>1/1 hour</u>	SPR	ALARM	<u>64</u>	[H] <u>NO</u> [Quad]
<u>B</u>	<u>L1</u>	P	M	E	F	S	D	PW	UTIL
							<u>WH</u>		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed