

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0010850  
Insp Area: 3

Site Address: 2881 38TH AV SAC  
Parcel No: 025-0222-016

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

CONTRACTOR

OWNER  
BANH BRANDON  
5695 WILKINSON ST  
SACRAMENTO CA 95824

ARCHITECT

Nature of Work: REROOF T/O 15 SQ 25YR COMP & REPLACE SIDING

**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).

X <sup>BB</sup> 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: \_\_\_\_\_

X Date 9/14/00 X Owner Signature Banh Brandon

**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.

X Date 9/14/00 X Applicant/Agent Signature Banh Brandon

**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 \_\_\_\_\_

X <sup>BB</sup> (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.

X Date 9/14/00 X Applicant Signature Banh Brandon

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.**

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes) or no) \_\_\_\_\_
2. I (have) have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed Brandon Zah

Job Address 2881 38th AVE x DATE 9/14/00

Permit No: 0010850

# PERMIT SUMMARY DOCUMENT

Bldg Minor Permit  
APPLIED

Address: **2881 38TH AV SAC** Date Issued: Area: 3

Permit #: **0010850** Thomas Bros: 318E4 888

Location:

APN: 025-0222-016

Owner: BANH BRANDON  
5695 WILKINSON ST  
SACRAMENTO CA  
95824

Contractor:

Phone:

Phone:

JOB DESCRIPTION: REROOF T/O 15 SQ 25YR COMP & REPLACE SIDING

DBA:

Occupancy: R3  
Const Type:  
Fire Sprinkler?:  
Flood Zone:

Change of Use: N  
Sub-Type: RES  
Activity Code: R1  
Cert Req'd: ??

Zoning:  
DR:  
Fed Code: 1A  
Balance: \$260.50

VALUATION: \$2,500.00 Sq. Ft: 0

Reg San:

School Fees Req'd: Y or N

BLDG Y

MECH N

PLBG N

ELEC N

SITE

FIRE

CONDITIONS:



CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DIVISION  
 FAXED PERMIT APPLICATION (certain restrictions apply)  
 Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
 Note: 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

DATE: \_\_\_\_\_

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 2881 28th AVE Sacto. UNIT # \_\_\_\_\_ ⇒ CONTRACT PRICE \$ 2,000

⇒ CONTACT PERSON: Jim Banh ⇒ CONTACT PHONE: 729-3437

Property Owner: Brian Banh License # \_\_\_\_\_  
 Address: 1695 Wilkinson St. Address: \_\_\_\_\_  
 City/State/Zip: Sacto CA 95824 City/State/Zip: \_\_\_\_\_  
 Phone: (916) 386-2818 or 729-3437 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE #SQUARES <u>1500 sq.</u> Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK:

RECORDING REQUESTED BY  
NORTH AMERICAN TITLE GUARANTY  
Instrument No. 70-000449 Order No. 70-000449  
AND WHEN RECORDED MAIL TO

Name: Brandon Bahn  
Street Address: 6300 Greenback Lane  
Citrus Heights, CA 95621  
City & State:

CERTIFIED A TRUE COPY OF THE ORIGINAL  
DOCUMENT RECORDED 8/15/00  
RECORDER'S BOOK ... 1254  
PAGE NUMBER .....  
SACRAMENTO COUNTY RECORDER  
North American Title Company, Inc.  
By [Signature]

SPACE ABOVE THIS LINE FOR RECORDER'S USE  
A.P.N. 025-0222-016

INDIVIDUAL GRANT DEED

The undersigned grantor(s) declare(s):  
Documentary transfer tax is \$ 40.70 City Transfer Tax is \$ 101.75  
(  ) computed on full value of property conveyed, or  
(  ) computed on full value less value of liens and encumbrances remaining at time of sale.  
(  ) Unincorporated area: (  ) City of Sacramento, and  
FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Merle R. Shields and  
Margaret S. Shields, husband and wife, as community property

hereby GRANT(S) to Brandon Bahn, a single man

the following described real property in the Sacramento  
County of Sacramento, State of California:  
The West 43 feet of the East 86.64 feet of Lot 14, as shown on the official map of  
G.H. Slawson Subdivision No. 1", recorded in the office of the county recorder of  
Sacramento County, April 25, 1924, in Book 17 of maps, map no. 43.

Dated: July 25, 2000

STATE OF CALIFORNIA )  
COUNTY OF Placer ) SS.  
On July 25, 2000 before me,  
the undersigned, personally appeared  
Merle R. Shields and Margaret S. Shields\*

[Signature]  
Merle R. Shields

[Signature]  
Margaret S. Shields

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: [Signature]  
Lorraine Lew



(This area for official notarial seal)

MAIL TAX STATEMENT'S TO: SAME AS ABOVE

NAME ADDRESS CITY/STATE/ZIP

P. 02/02

FAX NO. 916 783 3860

SEP-14-2000 THU 09:32 AM NORTH AMERICAN TITLE GUA  
916 783 3860