

CITY OF SACRAMENTO

Permit No: 9810990

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 3250 51ST AV SAC

Sub-Type: COM

Parcel No: 0360210004

Housing (Y/N): N

CONTRACTOR

SACRAMENTO VALLEY ROOFING
4028 CALIFORNIA AV
CARMICHAEL CA 95608

OWNER

MONTGOMERY BROTHERS
1516 7TH AV
SACRAMENTO 95818

ARCHITECT

Nature of Work: REROOF

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 C39 License Number 594460 Date 10/3/98 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 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 above-mentioned property for inspection purposes.

Date 11/3/98 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 STATE FUND Policy Number 229-98 U 14409 Exp Date 01/01/1999

(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 11/3/98 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.

PERMIT SERVICES USE ONLY

PV# 400746



PERMIT NUMBER

(Required)

# 9810990C

Attach job copy of permit

CITY OF SACRAMENTO  
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION  
1231 I STREET, RM. 200  
SACRAMENTO, CA 95814

PERMIT SERVICES

916-264-7619

FAX 916-264-7046

BUILDING INSPECTIONS

916-264-5716

FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 3250 - 51<sup>ST</sup> AVE.

DATE OF WRITTEN REQUEST: 11-4-98 DATE REQUEST RECEIVED: 11-4-98

PERMIT FOR: REROOF (Lost JOB CARD 12-18-98)

REASON FOR REFUND: JOB IN COUNTY

CONTRACTOR: SACRAMENTO VALLEY ROOFING OWNER: \_\_\_\_\_

ADDRESS: 4022 CALIFORNIA AVE. ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: CARMICHAEL CA. 95608 CITY/ST/ZIP: \_\_\_\_\_

PHONE: (916) 944-8106 PHONE: \_\_\_\_\_

REFUND RECIPIENT:  CONTRACTOR  OWNER  OTHER: \_\_\_\_\_

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID

AMOUNT TO BE REFUNDED

Permit Value	12,000 <sup>00</sup>
BPF pd	175 <sup>00</sup>
PC/PPF pd	0
SMI pd	232
CBL pd	490
Tech pd	70
Other	
Other	
Other	
Other	
Other	
Other	
Total Paid	189 <sup>32</sup>

Adj. Value	12,000 <sup>00</sup>
BPF pd	175 <sup>00</sup>
PC/PPF pd	0
SMI pd	232
CBL pd	490
Tech pd	70
Other	
Other	
Other	
Other	
Other	
Other	
(Comm/Res Adman)	(-30.00) (-50.00)
Total Refund Amount	189 <sup>32</sup>

PERMIT SERVICES USE ONLY

Job Card Attached	<input checked="" type="checkbox"/>
App. Book Marked	<input checked="" type="checkbox"/>
Permit Canceled	<input checked="" type="checkbox"/>
Supp. Paper Work	<input checked="" type="checkbox"/>
Letter Mailed	<input type="checkbox"/>
NO ADMIN FEES	
JOB IN COUNTY	

REFUND PROCESSED BY: John J. Bond

DATE: 12-4-98

REFUND APPROVED BY: David P. Smith

DATE: 12-18-98

PLEASE ALLOW 30 DAYS FOR PROCESSING