

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0007366**  
**Insp Area: 4**

**Site Address: 250 WEST EL CAMINO AV SAC**  
Parcel No: 274-0141-011

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

CONTRACTOR

OWNER  
ROBLES  
250 W EL CAMINO AV  
SAC CA 95678

ARCHITECT

**Nature of Work:** 390 SQ FT ADDITION, BEDROOM BATH AND L ROOM

**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);

→ 98 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 7/12/00 Owner Signature John R Johnson

**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.

x Date 9/12/00 Applicant/Agent Signature John R Johnson

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

→ 98 (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 will 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 7/12/00 Applicant Signature John R Johnson

**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 NA 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 NA 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
<u>NA</u>			

Signed John R Johnson  
Job Address 250 WEST EL CAMINO AVE  
Permit No: 0007366

Date of Request: 6/7/00  
By: B.L.

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 250 W. EL CAMINO

Assessor's Parcel Number: 274-0141-011

Previous Use: SFR

Description of Request/Proposed Use: ADDITION Bedroom

Is This a Change of Use? No

Zoning Designation: R-1D

Prior Applications for Project Site(P#, Z#, DRPB#): none

Comments: \_\_\_\_\_

~~Need to See Site Plan~~  
Addition shall not be visible from street.  
Therefore, design review not required.

Are There Any Planning Issues?: (circle one) YES  NO  may

\* Staff Site Plan Check Required? (Circle one) YES  NO  6-28-00

\* Field Inspection Required? (Circle one) YES  NO

\* Design Review/Preservation Required?: (Circle one) YES  NO  NOT VISIBLE FROM ST.

Planning Review by/Date: may 6-28-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

Lot coverage! MAX 40%  
Setbacks 5-sides  
15-rear.



PC# 0007366R

DEPARTMENT OF  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO  
CALIFORNIA

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2904

DEVELOPMENT SERVICES  
DIVISION

916-264-7619  
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the City's Standard  
Owner-Builder Notification and Owner-Builder Verification, as required by  
California Health and Safety Code Section 19830 and 19831. I authorize my  
agent(s) X JONW JONKSON

to sign the Owner-Builder Verification on my behalf.

Signature

Print Name

ALBERTO ROBLES

Address

250. W. EL CAMINO

SACRAMENTO.

Telephone

646-3305