

CITY OF SACRAMENTO

Permit No: 0113000

1231 I Street, Sacramento, CA 95814

Insp Area: 3
Thos Bros: 317F4

Site Address: 3621 27TH AV SAC

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

Parcel No: 022-0161-012

CONTRACTOR

CURRY CONSTRUCTION
525 HARBOR BL
WEST SACRAMENTO CA 95691

OWNER

DUARTE MARIO E/GLORIA A
4061
CONCORD CA 94521

ARCHITECT

Nature of Work: FIRE REPAIR INCLUDING RAFTERS,STUDS,EXTERIOR SIDING,
DRYWALL PATCH

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 575967 Date 10-8-01 Contractor Signature Patrick E Curry

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 certifies 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 10-8-01 Applicant/Agent Signature Patrick E Curry

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 ACCEPTANCE INDEMNITY Policy Number FW99983101 Exp Date 09/05/2001

(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 10-8-01 Applicant Signature Patrick E Curry

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.

Sacramento Fire Department - Incident Report

Incident No : 980050574 Call# : 98111025 Date: 11/29/98 Time: 19:47
Address : 3621 27TH AV
Type : 11 BUILDING FIRE
Action Taken: 13 EXTINGUISH, SALVAGE, OVERHAUL
Property : 1-2 FAMILY RESIDENTIAL: SINGLE FAMILY
UBC : DWELLINGS AND LODGING HOUSES

Weather : 50 Degrees / Cloudy
Resources : 2 Engines, 1 Truck
Fire Casualties : None

Fire Damage : Confined to the fire division compartment
Smoke Damage : Confined to the fire division compartment
Property Loss : \$5,000 Contents Loss : \$1,000
Property Value : \$50,000 Contents Value: \$10,000

Area of Origin : Laundry room Level: A01

Caused by : Water heater
Form of Heat : Heat from liquid fueled equipment
Ignition Factor : Combustible placed too near heat source
Type of Material : Cardboard
Form of Material : Box, carton, bag
Type of Material : Sawn woods, finished lumber
Form of Material : Structural member, framing
Smoke Travel : Opening in construction
Other Factors : maintenance inadequate
Extinguished by : Water carried on first in unit
Structure Type : Building with one specific property use
Structure Status : In use
Occupied
Construction Type: Type V - Wood Frame
Roof Type : Composition
Number of Stories: 1

Detector Type : Undetermined/not reported

Extinguishing Sys: No extinguishing system

Report Author : F567

FIRE

** FIRE INCIDENT SYSTEM -- MASTER RECORD INFORMATION **
 INC-NO 980050574 Supp-Exp _____ Inc-Date 112998 Inc-Type 11 CALL 98111025
 Act-Take 13 Prop-Use 41 Pro-Clas 411 Inv-Act _____ I-Case _____
 Inc-Adr 3621 27TH AV City SAC _____ County 34 St CA
 Zip _____ Mli 1166446 Map 42E DBA _____
 EDP 1081 AA-MA 8 FPD _____ Disp-Grp S1 Pat-Nam _____
 Occupant CARRANZA, LIUDMIDA Oc-Phone 9164515420 Pat-DOB _____
 Rept-By _____ Re-Phone 0000000000
 Owner _____ Ow-Phone _____
 Own-Adr _____ O-City _____ O-St _____ O-Zip _____
 Manager _____ Ma-Phone _____
 Man-Adr _____ M-City _____ M-St _____ M-Zip _____
 Res-Dis _____ (tenths) Alr-Srce 1 Alr-Code 1 Fin-Unit E06 Trans FID _____
 Staffing 014 Staf-Hrs 15.9 Duration 1.6 Fm-Date 112998 To-Date 112998
 Rcv-Tim 194708 Dis-Tim 194712 Arr-Tim 195104 Ctl-Tim _____ Clr-Tim 212501
 Res-Tim 352 Batalion 1 Shift C Rpt-Unit BC2 Juris _____ Priority 1 Amb N
 Rescue? _____ Count _____ Next _____ Control F248981130063935 Mast-RN 502312

NCFR

** FIRE INCIDENT SYSTEM -- INCIDENT INFORMATION REPORT ** Mast-RN 502312
 Inc-No 980050574 Supp-Exp _____ Inc-Date 112998 Inc-Type 11
 Address 3621 27TH AV MA-Id _____
 Situations A2 _____ A3 _____ A4 _____ *Fire* Act-Tak2 _____ Act-Tak3 _____ Act-Tak4 _____
 Environ A5 2 A6 050 A7 _____ A8 _____ *Resources* R1 _____ R2 _____ R3 _____
 Casualties F-Inj _____ F-Ftl _____ *Civilian Fire* C-Inj _____ C-Ftl _____
 Property P1 41 P2 411 P3 1 P4 _____ P5 R3 P6 1 P7 2 P8 1
 EMS Calls E1 _____ E2 _____ E3 _____ E4 _____ E5 _____ E6 _____ E7 _____ E8 _____ E9 _____
 EMS Situ. S1 _____ S2 _____ S3 _____ S4 _____ Act1 _____ Act2 _____ Act3 _____ Act4 _____
 Extent of Damage Fire 4 Smoke 4 Prop-Dam 000005000 Cont-Dam 000001000
 Pro-Val 50000 Cont-Val 10000 Prop-Ins _____ Cont-Ins _____
 Location and Cause L1 26 L2 A01 L3 _____ L4 17 L5 46 Sex1 _____ Age1 _____
 Material, Travel T1 68 T2 51 T3 63 T4 17 T5 5 Sex2 _____ Age2 _____
 Contrib Factors Cf1 216 Cf2 _____ Fuel-Mod _____ Acres _____ Ext-Mtd 5
 Equip Typ 12 Model _____ Make _____ M-Yr 00
 Ser _____ *Veh/Mobil* Veh-Typ 98 V-Make _____
 Mod _____ DOT _____ VIN _____
 VL _____ St _____ Yr _____ DL _____ DL-St _____
 Structure Con-Typ 5 Roof 2 Stories 1 Det-Typ 0 Power _____ Perf _____ Fail _____
 Ext-Typ 98 Ext-Perf _____ Ext-Fail _____ Sprk-Typ _____ Num-Act _____
 Auth-Id F567981129215743 Next _____ Control F567981129215743 Recno 357792