

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011986

Insp Area: 1

Site Address: 5330 D ST SAC
Parcel No: 004-0212-004

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

CONTRACTOR

OWNER
BARRETT LYNNE DIANNE
5330 D ST
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: REROOF, 20 SQS, 30 YR DIM LAM COMP.

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. 7007, Civil Code).

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. 7041.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair a 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 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for that exemption (any violation of Section 7041.5 by an applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00)).

CANCELLED
Retired
12-29-00

I, as owner of the property, or my employee with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7041, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves the property and who does such work himself or herself through his or her own employees, provided that such work is not intended or offered for sale and, however, in the event of any improvement to be sold within one year of completion, the owner-builder shall be required to prove that he/she did such work and improve for the purpose of sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct or improve the property (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves the property and who contracts for such projects with a contractor licensed pursuant to the Contractors License Law.

I am exempt under Sec. _____ B & P for this reason: SAVED GOODS, PLANNING
DEVELOPMENT SERVICES
Date: 10/6/00 Owner Signature: Lynne Barrett

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 and to authorize construction and hereby authorize representatives of this city to enter upon the abovementioned property for inspection purposes.

Date: 10/6/00 Applicant Agent Signature: Lynne Barrett

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: EXEMPT Policy Number _____ Exp Date _____

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: 10/6/00 Applicant Signature: Lynne Barrett

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

Signed Argene Banez

Job Address 5330 D. ST, Sacramento, CA 95819

Permit No. 11721

12/15/00

to whom it may concern -

The owner/builder roofing permit (#0011986) did not have any work done under (no inspections, no work initiated) due to illness. I am seeking a refund for the permit as the work cannot be done at this time. Site address is 5330 D St, Sac, my residence. Enclosed is the SOB card. The job has been cancelled and was never started, no supplies purchased. please send a refund to:

Lynne Barrett
5330 D. St.
Sacramento, CA
95819

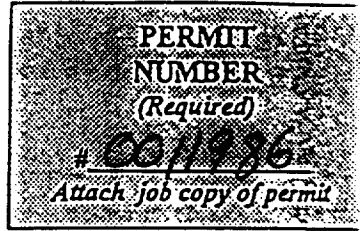
phone (916) 456-9032.

permit was purchased on 10/06/00.

ps/I talked with ALMA - she has the original permit.

Thank you,

Lynne Barrett
resident/owner of 5330 D. St.
Sac, CA 95819



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: 5330 "D" ST.
DATE OF WRITTEN REQUEST: 12-15-00 DATE REQUEST RECEIVED: 12-15-00
PERMIT FOR: REEROOF
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: _____ OWNER: DIANNE BARRETT
ADDRESS: _____ ADDRESS: 5330 D ST.
CITY/ST/ZIP: _____ CITY/ST/ZIP: SACRAMENTO, CA. 95819
PHONE: _____ PHONE: (916) 456-9032

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	<u>4,000.00</u>	Adj. Value	<u>4,000.00</u>
BPF pd	<u>175.00</u>	BPF pd	<u>175.00</u>
PC/PPF pd	<u>0</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>50</u>	SMI pd	<u>50</u>
CBL pd	<u>160</u>	CBL pd	<u>160</u>
Tech pd	<u>7.00</u>	Tech pd	<u>7.00</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
Total Paid	<u>18410</u>	Total Refund Amount	<u>18410</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Cancelled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: John A Bond DATE: 1/25/01
REFUND APPROVED BY: Walter Brock DATE: Jan 25, 2001

PLEASE ALLOW 30 DAYS FOR PROCESSING