

CITY OF SACRAMENTO

Permit No: 0112308

1231 I Street, Sacramento, CA 95814

Insp Area: 4  
Thos Bros: 277F4

Site Address: 63 BUTTERWORTH AV SAC  
Parcel No: 250-0301-003

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

CONTRACTOR  
VENCO BUILDING CO.  
4416 42ND ST  
SACRAMENTO, CA 95820

OWNER  
BILL WASON  
6016 SUTTERVILL RD  
SACRAMENTO, CA 95822


ARCHITECT

Nature of Work: COMPLETE FIRE REPAIR - NEW ROOF, RAFTERS, HVAC, WATER HEATER, DRY ROT, SERVICE PANEL, ETC.

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 D License Number 781994 Date 9/25/2001 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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO

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.

SEP 25 2001  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

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 9/25/2001 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.

RP 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 9/25/2001 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.

**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS:	<u>63 Butterworth Ave</u>	
APN:	<u>150-0301-003</u>	ZONING:
DESIGN REVIEW AREA:		
PREVIOUS FILES RELATED TO SITE:		
EXISTING LAND USE:	<u>Single family dwelling</u>	
PROPOSED USE:	<u>Single family dwelling</u>	
COMMENTS:		
	DATE:	BY:
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?		
YES	NO	(If yes, circle applications needed below)
.....Staff.....	ZA.....	Planning Commission.....
	Design Review.....	Preservation Review.....
CONCLUSION:		
	DATE:	BY:



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: 9/25/2001

*D. J. [Signature]*  
*Will be paid*

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 JOB ADDRESS: 603 Butler Worth Ave UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 19,000.00  
 ⇒ CONTACT PERSON: Bill Watson 451-3333 CONTACT PHONE: (916) 505-6690  
 RICHARD PARKER

Property Owner: Bill Watson License # 781994  
 Address: 6016 Sutterville Road  
 City/State/Zip: Sacramento, CA 95822  
 Phone: (916) 505-6690 FAX: (916) 736-2154  
 Contractor: Uesco Building Co. License # 781994  
 Address: 4416 42nd Street  
 City/State/Zip: Sacramento, CA 95820  
 Phone: (916) 505-6690 FAX: (916) 736-2154

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 checked="" type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # SQUARES 16 Material: 30 Dim Shingles (Lana-Dim Corp) <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input checked="" type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input checked="" 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: \$ 1200.00 Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Roof fascia Boards Note: Design Review approval may be required in certain areas.	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input checked="" type="checkbox"/> Electric Service Change # amps 125 amp <input checked="" type="checkbox"/> New electric circuits <input checked="" type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input checked="" 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: change-out of exist. roof-top unit; repairs to fascia boards & replace fascia gutters to match exist