

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0200040

Insp Area: 1

Thos Bros: 297 E3

Site Address: 2009 D ST SAC

Parcel No: 003-0075-020

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

ELK GROVE REMODELING  
8856 APRICOT WOODS WY  
ELK GROVE, CA. 95624

**OWNER**

STEVEN YBARRA  
2009 D ST  
SAC, CA. 95814

**ARCHITECT**

Nature of Work: KITCHEN REMODEL, INTERIOR ONLY

**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 B License Number 775687 Date 1-2-02 Contractor Signature [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: PLANNING

Date \_\_\_\_\_ Owner Signature [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 abovementioned property for inspection purposes.

Date 1-2-02 Applicant/Agent Signature [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 713-01 UNIT 0005486

Exp Date 10/01/2002

(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 1-2-02 Applicant Signature [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.**



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: 1-2-02

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 2009 DST. UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 10,000

CONTACT PERSON: Steve King CONTRACT PHONE: 917-9381

Property Owner: Steven YBARRA License # 775687  
Address: 2009 DST. 1450 HAYCOCK ST.  
City/State/Zip: SAC CA. 95834-3800 FAX: 354-3900  
Phone: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE #SQUARES _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input 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)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input 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"/> PGB *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____		

DESCRIPTION OF WORK: CHANGE KITCHEN CABINETS, MOVE GAS LINE 9 FT. REPLACE KIT CABINETS AND SINK TO MATCH EXISTING CONNECTIONS.

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required for rooftop units.

Note: Design Review approval may be required in certain areas.

**PERMIT SUMMARY DOCUMENT**

**Bldg Residential Permit  
ISSUED**

Address: **2009 D ST SAC**

Date Issued: 01/02/2002

Area: 1

Permit #: **0200040**

Thomas Bros: 297 E3

Location:

APN: 003-0075-020

Owner: STEVEN YBARRA  
2009 D ST  
SAC, CA.  
95814

Contractor: ELK GROVE REMODELING  
8856 APRICOT WOODS WY  
ELK GROVE, CA.  
95624

Phone: N/A

Phone: 682-1070

JOB DESCRIPTION: KITCHEN REMODEL, INTERIOR ONLY, BATHROOM REMODEL, REMOVE  
FIXTURES AND REPLACE LIKE FOR LIKE. *ADD WORK ON PERMIT*

DBA:

PlanChecker's Update Screen:

Occupancy:  
Const Type:  
Fire Sprinkler?:  
Square Footage: 0

General Info Screen:

Change of Use:  
Sub-Type: REM  
Activity Code: I1  
Flood Zone: A99  
Balance: \$0.00

Zoning: ??  
DR: Central  
Fed Code: 1A  
Cert Req'd:N

VALUATION: \$12,500.00 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE FIRE N

RESIDENTIAL STRUCTURAL

Cycle 1  
Cycle 2  
Cycle 3  
Cycle 4

*FILE IN PERMIT FOLDER PLEASE*

CONDITIONS:

*SR 1-22-02*

# PERMIT SUMMARY DOCUMENT

Bldg Residential Permit  
APPLIED

Address: **2009 D ST SAC**

Date Issued:

Area: 1

Permit #: **0200040**

Thomas Bros: 297 E3

Location:

APN: 003-0075-020

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2009 D ST  
SAC, CA.  
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ELK GROVE, CA.  
95624

Phone: N/A

Phone: 682-1070

JOB DESCRIPTION: KITCHEN REMODEL, INTERIOR ONLY

DBA:

~~PlanChecker's Update Screen:~~

~~General Info Screen:~~

Occupancy:  
Const Type:  
Fire Sprinkler?:  
Square Footage: 0

Change of Use:  
Sub-Type: REM  
Activity Code: I1  
Flood Zone: A99  
Balance: \$343.00

Zoning: ??  
DR: Central  
Fed Code: 1A  
Cert Req'd:N

VALUATION: \$10,000.00 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE FIRE N

RESIDENTIAL STRUCTURAL

Cycle 1  
Cycle 2  
Cycle 3  
Cycle 4

CONDITIONS:

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Bldg Residential Permit  
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Date Issued: 01/02/2002 Area: 1

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Owner: STEVEN YBARRA  
2009 D ST  
SAC, CA.  
95814

Phone: N/A

Contractor: ELK GROVE REMODELING  
8856 APRICOT WOODS WY  
ELK GROVE, CA.

95624

Phone: 682-1070

JOB DESCRIPTION: KITCHEN REMODEL, INTERIOR ONLY, BATHROOM REMODEL. REMOVE  
FIXTURES AND REPLACE LIKE FOR LIKE. SERVICE PANEL CHANGE  
OUT. (UNDER GROUND)

DBA:

*ADD TO PERMIT*

PlanChecker's Update Screen:

General Info Screen:

Occupancy:

Change of Use:

Zoning: ??

Const Type:

Sub-Type: REM

DR: Central

Fire Sprinkler?:

Activity Code: I1

Fed Code: 1A

Square Footage: 0

Flood Zone: A99

Cert Req'd:N

Balance: \$15.06

VALUATION: \$13,500.00

Reg San: \$0.00

School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE FIRE N

RESIDENTIAL STRUCTURAL

Cycle 1

Cycle 2

Cycle 3

Cycle 4

CONDITIONS: