

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0602959
Insp Area: 1
Thos Bros: 298A5

Site Address: 537 SANDBURG DR SAC
Parcel No: 005-0211-009

PAID
CITY OF SACRAMENTO
Sub-Type: RES
Housing (Y/N): N

MAR 06 2006
ARCHITECT

CONTRACTOR
OWNER BUILDER

OWNER
GARRASCO WILLIAM KATHRYN
537 SANDBURG DR
SACRAMENTO, CA 95819
NEW CITY HALL

Nature of Work: MOVE 220 ELECTRICAL CIRCUIT FOR DRYER RELOCATION.

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 0 _____ 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 3 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 Professions 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 3/6/06 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 3/6/06 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 _____ 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 _____ Applicant Signature _____

WARNING: FAILURE TO SECURE WORKERS' 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 OF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION
 (certain restrictions apply)

PAID
CITY OF SACRAMENTO
MAR 06 2006
NEW CITY HALL

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.

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 537 Sandberg Unit # 30 Contract Price \$ _____

Contact Person: _____ Contractor: _____
 Property Owner: William Corisco Address: _____
 Address: 537 Sandberg City/State/Zip: CA 95819
 City/State/Zip: _____ Phone: 452 6357 FAX: _____
 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 # Stories: _____ # Squares: _____ Material: _____ <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 *Design Review approval may be required.	<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) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ *Design Review approval may be required.	<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 type="checkbox"/> Dry Rot or Termit Damage Repair (Describe Locations Below) *Design Review approval may be required.	<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 checked="" type="checkbox"/> Re-wire A Circuit <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"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK:

Move 220 electrical circuit for Dryer