	CITY OF SACRAMENTO	Permit No:	0309168
_	1231 I Street, Sacramento, CA 95814	Insp Area:	4
	Site Address: 2730 CLAY ST SAC Parcel No: 265-0262-012	Thos Bros: Sub-Type: Housing (Y/N)	278 A6 HSG : Y
	CONTRACTOROWNERCOMCO COMMERCIAL REAL ESTATEROBINSON SVEND B/SONJA1355 FLORIN RD STE 19SACRAMENTO CASACTO CA 9582295851	<u>ARCHITECT</u>	
	Nature of Work: Repair/rehab per housing checklist and to minimum code standards.		
	CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a the work for which this permit is issued (Sec. 3097, Civ. C).	construction lending agenc	y for the performance of
	Lender's NameLender's Address		<u>Barring</u>
W	LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in License Class License Number 576083 Date Contractor Signature	full force and effect.	Provisions of Chapter 9
	OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to constru prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is license Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions C basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects thundred dollars (\$500.00);	ct, alter, improve, demolish censed pursuant to the prov code) or that he or she is ex	, or repair any structure, isions of the Contractors empt therefrom and the
	I, as a owner of the property, or my employees with wages as their sole compensation, will do the vale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner who does such work himself or herself or through his/her own employees, provided that such improvement the building or improvement is sold within one year of completion, the owner-builder will have the burden the purpose of sale.) 1. as owner of the property, am exclusively contracting with licensed contractings to the property who huilds or improves thereon, and	er of property who builds on its are not intended or offer of proving that he/she did r roject (Sec. 7044, Business	r improves thereon, and ed for sale. If, however, not build or improve for and Professions Code:
	The Contractors License Law does not apply to an owner of property who builds or improves thereon and licensed pursuant to the Contractors License Law).		
	I am exempt under Sec. B & PC for this reason: JUN 3 0 200	<u>; </u>	
ì.	Date Owner Signature NEIGHBORHOODS P	ANNING	
	IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the impression measurements and locations shown on the application or accompanying that the improvement private agreement relating to permissible or prohibited locations for such improvements. This building permission of any private agreement relating to location of improvements.	ptomorate applicant, that in the total to be constructed does	the applicant verified all not violate any law or y illegal location of any
	I certify that I have read this application and state that all information is correct. I agree to comply with all building construction and herby authorize representative(s) of this city to enter upon the above pentioned	city and county ordinances of property (6) inspection pu	and state laws relatingto rposes.
	DateApplicant/Agent Signature	peacucin	
	WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury or I have and will maintain a certificate of consent to self-insure for workers' compensation as provid performance of work for which the permit is issued.		
	I have and will maintain workers' compensation insurance, as required by Section 3700 of the Laboration insurance carrier and policy number are:	or Code, for the performance	e of the work for which
	Carrier NONE Policy Number	Exp Date	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(This section need not be completed if the permit is for \$100 or less) I certify that in the performance not employ any person in any manner so as to become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those Date Applicant Signature	rnia and agree that if I shou	s permit is issued, Ishall ld become subject tothe
	WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTO	(\$100,000) IN ADDITION	N TO THE COST OF

ROOFING QUESTIONNAIRE Applicant's name: Project Address: Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank. <u>1.</u> ROQEING TYPE a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be: Existing Proposed year laminated dimensional composition wood shake or shingle metal that simulates one of the above listed materials The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be: Existing Proposed Built up Foam Membrane <u>1.</u> P The existing gutters are fascia gutters. There is no change proposed to existing gutters. New fascia gutters shall be provided. Gutters shall be repaired and/or replaced to match existing. b. The existing gutters are Ogeo gutters. There is no change proposed to existing gutters. New Ogee gutters shall be provided. Gutters shall be repaired and/or replaced to match existing. There are no existing gutters. No new gutters are proposed. □ New Ogee gutters shall be provided. RAFTER TAILS 3. □ There are no exposed rafter tails. □ There are exposed rafter tails. There is no change or cutting proposed to existing rafter tails. Rafter tails shall be repaired and replaced to match existing. By signing below, the applicant certifies that this form accurately/describes the proposed work Applicant's signature: For City Staff use only Counter Staff In a DR District Meets DR criteria? YerYes □No (route to DR staff) In a P area or listed (route to P staff) Not in DR/P area

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PLANNING & BUILDING DEPARTMENT

CITY OF SACRAMENTO **CALIFORNIA**

SACRAMENTO, CA 95814-2904

916-264-5716

Elia Kentera.

PERMIT ACTIVITY REQUEST:

Our records show:

0309168 Permit #

Address 2730 CLAY ST SAC

Repair/rehab per housing checklist and to minimum code Nature of Work

standards.

Applied

Approved

Issued

Finaled

Closed/Cancel

06/23/2003

Please issue fermit to Comco 6/26/03 Nanoth Johnson Darcey/Estate admin 12: - for your records. 725-0190

5938 BrokenBan Saite LA 95621

Development Services Support Unit

265-0267-017

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state	e bar number, end address):	TELEPHONE AND FAX NOS.:	FOR COUR	T USE ONLY				
916	429-7000	FAX916 429-1350	* 1 1					
-WILLIAM DEDMAN			7 11.					
COUNSELOR AND ATTORNEY A			ENDOP	VCF				
1355 FLORIN RD., SUITE 1	9			North American State of the Contract of the Co				
SACRAMENTO, CA 95822			20 1111 27	DM 2+ EQ				
			03 JUN 27	rn 3: 30				
ATTORNEY FOR (Name): PETITIONER,			y paga y k alandandan tabu	HARRISH ALTERNATION				
SUPERIOR COURT OF CALIFORNIA,		AMENTO	ACRAM	SEPT.				
STREET ADDRESS: 3441 POWER IN								
MAILING ADDRESS: SACRAMENTO, C.	A 95826							
CITY AND ZIP CODE:								
BRANCH NAME:	DODINGO			į				
ESTATE OF (Name): SVEND BERG	KORINZON	:						
Drohata of 1	Will and for Latters 7	DECEDENT	0000	0000=				
DETITION FOR	Will and for Letters 1	•	CASE NUMBER 3PR	00925				
1	Will and for Letters o	T Administration						
with Will An			HEARING DATE:					
x Letters of A		_	JULY 30, 2003	3				
	pecial Administratio		DEPT.:	TIME:				
	on to Administer Und							
			122	9:00 A.M.				
Publication will be in (specify name of newspaper): The Daily Recorder a. x Publication requested. b. Publication to be arranged.								
2. Petitioner (name of each): NANETT								
a. decedent's will and codicils, if				requests				
b. X (name): NANETTE ROBIN		TODATO.						
be appointed (1) exec		(3) X admini	otrotor					
		* * .						
	inistrator with will ann	exed (4) special	administrator					
and Letters issue upon qualification.								
c. X that X full limited authority be granted to administer under the Independent Administration of Estates Act. d. (1) X bond not be required for the reasons stated in item 3d.								
(2) \$ bond be fixed. It will be furnished by an admitted surety insurer or as otherwise provided by law.								
(Specify reasons in Attachment 2 if the amount is different from the maximum required by Probate Code section 8482.)								
· · · · ·		count be allowed. Receipts		· ·				
, , , , , , , , , , , , , , , , , , , ,			The second of th	The state of the s				
3. a. Decedent died on (date): April	29, 200 3 at (plac	e): Sacramento, C	alifornia					
(1) x a resident of the county r		·, —						
(2) a nonresident of Californ		In the county named a bo	ve located at 7 specify	Tocation permitting				
publication in the newspa	per named in item 1):							
b. Street address, city, and county of d	•		2730 CLAY STRE	ET,				
SACRAMENTO, CALIFORNIA	A 95815							
c. Character and estimated value of the	•	te:						
(1) Personal property:	\$1,000							
(2) Annual gross income from								
(a) real property:	\$							
(b) personal property:	\$							
Total: (3) Real property: \$ 65,000)	ority under the Independent	Administration of Pater	ton Antin rooms at a				
(a) Near property. \$ 65,000		nority under the Independent		·				
d. (1) Will waives bond.		<i>air market value of the real p</i> r is the named executor and		ances.)				
` '	=			iver an Attachment				
(2) All beneficiaries are adult $3d(2)$.	o and have waived of	ond, and the Will does not re	quire a bond. (<i>Amix w</i> a	nver as Auachment				
	and have waived her	d. (Affix waiver as Attachm	ent 3d/3))					
1 1		id. <i>(Allix walver as Allacrim</i> Joiary or an exempt governi						
e. (1) X Decedent died intestate.	avo io a corporate nui	acially or all exempt governi	nont agency.					
(2) Copy of decedent's will dated: are affixed as Attachment 3e(2).								
The will and all codicils are self-proving (Prob. Code, § 8220).								
This will all diff cou		ued on reverse)						

ESTATE OF (Name): SVEND BERG ROBINSON DECEDENT 3. f. Appointment of personal representative (check all applicable boxes): (1) Appointment of executor or administrator with will annexed: (a) Proposed executor is named as executor in the will and consents to act. CASE NUMBER: Include in Attachment 3e(2) a ty copy of a handwritten will and a translation of a foreign language.					
3. f. Appointment of personal representative (check all applicable boxes): (1) Appointment of executor or administrator with will annexed: Include in Attachment 3e(2) a ty copy of a handwritten will and a					
(1) Appointment of executor or administrator with will annexed: copy of a handwritten will and a					
	pea				
	will.				
(b) No executor is named in the will.	*******				
(c) Proposed personal representative is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3f(1)(c).)					
(d) Other named executors will not act because of death declination other reasons (specif	v in				
Attachment 3f(1)(d)).	,				
(2) Appointment of administrator:					
(a) X Petitioner is a person entitled to Letters. (If necessary, explain priority in Attachment 3f(2)(a).)					
(b) Petitioner is a nominee of a person entitled to Letters. (Affix nomination as Attachment 3f(2)(b).)					
(c) X Petitioner is related to the decedent as (specify): DAUGHTER					
(3) Appointment of special administrator requested. (Specify grounds and requested powers in Attachment 3f(3).)					
g. Proposed personal representative is a X resident of California nonresident of California (affix statement of perma	inent				
address as Attachment 3g) resident of the United States nonresident of the United States.					
4. Decedent's will does not preclude administration of this estate under the Independent Administration of Estates Act. 5. a. The decedent is survived by (check at least one box in each of items (1) - (3))					
(1) spouse no spouse as follows: X divorced or never married spouse deceased					
(2) X child as follows: X natural or adopted natural adopted by a third party no child					
(3) issue of a predeceased child X no issue of a predeceased child					
b. Decedent is X is not survived by a stepchild or foster child or children who would have been adopted by dece	dent				
but for a legal barrier. (See Prob. Code, § 6454.)					
(Complete if decedent was survived by (1) a spouse but no issue (only a or b apply), or (2) no spouse or issue. Check the first that applies):	box				
a. Decedent is survived by a parent or parents who are listed in item 8.					
b. [[]] Decedent is survived by issue of deceased parents, all of whom are listed in item 8.					
c. Decedent is survived by a grandparent or grandparents who are listed in item 8.					
d. Decedent is survived by issue of grandparents, all of whom are listed in item 8.					
e. Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 8. f. Decedent is survived by next of kin, all of whom are listed in item 8.					
	hom				
are listed in item 8.	ПОЛ				
h. Decedent is survived by no known next of kin.					
7. (Complete only if no spouse or issue survived decedent) Decedent had no predeceased spouse had a predece					
spouse who (1) died not more than 15 years before decedent owning an interest in real property that passed to decedent owning personal property valued at \$10,000 or more that passed to de					
dent, (3) in the first box that applies):	<i>-</i>				
a. Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 8.					
Decedent is survived by issue of a predeceased spouse, all of whom are listed in item 6. Decedent is survived by a parent or parents of the predeceased spouse who are listed in item 8.					
Decedent is survived by a parent of parents of the predeceased spouse, all of whom are listed in item 8.					
d. Decedent is survived by next of kin of the decedent, all of whom are listed in item 8.					
e. Decedent is survived by next of kin of the predeceased spouse, all of whom are listed in item 8.					
8. Listed in Attachment 8 are the names, relationships, ages, and addresses, so far as known to or reasonably ascertainable by p	eti-				
tioner, of (1) all persons named in decedent's will and codicils, whether living or deceased, (2) all persons named or checked in	tems				
2, 5, 6, and 7, and (3) all beneficiaries of a devisee trust in which the trustee and personal representative are the same person.					
9. X Number of pages attached: 1					
Date: JUNE 26, 2003 (Signature of Attorney*)					
* (Signature of all petitioners also required (Prob. Code, § 1020).) WILLIAM DEDMAN I declare under populty of perium under the lowe of the State of California that the foregoing is true and correct					
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: JUNE 26, 2003					
NANETTE ROBINSON DARCEY (TYPE OR PRINT NAME) A MUST FINANCE OF PETITIONER)					
(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)	<u></u>				

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Legal Solutions & Plus

numbers):

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This page may be used with any Judicial Council form or any other paper filed with this court.

(Required for verified pleading) The items on this page stated on information and belief (specify item numbers. not line

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NEIGHBORHOOD SERVICES DEPARTMENT

CITY OF SACRAMENTO CALIFORNIA

HOUSING & DANGEROUS BUILDING SECTION 1231 I STREET, SUITE 103

(916) 264-5404 (916) 264-6833 FAX

CODE ENFORCEMENT DIVISION

July 7, 2003

William Dedman, Esq. 1355 Florin Rd., Suite 19 Sacramento, CA 95822

Re: Permit # 03011684, 2730 Clay St.

Dear Mr. Dedman:

Pursuant to section 106.4.5 of the 2001 California Building Code as enforced by the city of Sacramento, the above permit is hereby revoked.

Said permit was issued based of incorrect information supplied by you. On the permit application you have a signed statement from individuals that according to public records do not have an ownership interest in this property. Therefore, all work must cease at this time and the property must remain secure.

Please feel free to contact our office with additional information that may clarify this issue.

Sincerely,

Josh Pino

Principal Building Inspector

City of Sacramento