



Building Permit

ISSUED

***** Office Use Only *****

CITY OF SACRAMENTO

Permit No: 0604726
 Date Issued: 4-7-06
 Total Amount: _____
 Insp Area #: _____

APR 06 2006
 DOWNTOWN PERMIT CENTER

***** Please Fill in the Following *****

Site Address: 7370 Alcedo Cir.
 Nature of Work: Replace hot water heater 140 gal gas tank 9yr

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 C License Number 868068 Date 3-31-06 Signature Yusef Eimhoru

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 ordinance that requires a permit to construct, alter, improve, do, move, or repair any structure, prior to its issuance, also requires the applicant for such permit to be a licensed contractor or a person exempt pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) for that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any person shall be deemed to be a misdemeanor and shall be punishable by a civil penalty of not more than five hundred dollars (\$500.00).

I, as an owner of the property, or my agent, am exempt from the Contractors License Law for the following reason (Sec. 7044, Business and Professions Code): I am the owner of property who builds or improves thereon, and who does such work himself or herself or through his or her family, and the 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 be liable for proving that he or she did not build or improve for the purpose of sale.

I, as an owner of the property, am exempt from the Contractors License Law for the following reason (Sec. 7044, Business and Professions Code): The Contractors License Law does not apply to all work or projects for which improvements are made, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec. _____

Date _____ Owner's Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant has read and hereby affirms 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. The 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 above-mentioned property for inspection purposes.

Date 3-31-06 Applicant/Agent Signature Yusef Eimhoru

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

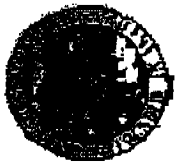
- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 1700 of the Labor Code, for the performance of work for which the permit is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
 Carrier American Home
 Policy Number 1462201490 Expiration Date 2-21-07

(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.

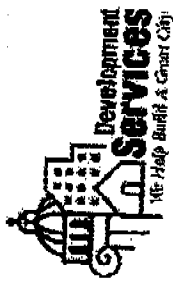
Date _____ Applicant Signature _____

WARNING: FAILURE TO SECURE 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
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOF.SACRAMENTO.CA.GOV
 Help Line: 1-916-808-5666 OR 1-888-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-1901

Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # _____

FAXED PERMIT APPLICATION

Date: _____

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
 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: 7370 Alcedo Cir Unit # _____ Contract Price \$ 500.00
 Contact Person: Hot Harrington Contractor: Plumbio-Time License # 868068
 Property Owner: Paulaette Love Address: 360 Memorial Drive #140
 Address: 7370 Alcedo Cir City/State/Zip: Sacramento CA 95803
 Phone: 916-392-7885 Phone: 86-293-3031 XT 1042 Fax: 815-351-0663
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
 Description of Work: Replace hot water heater / 40 gal. gas short 3 yr. warranty

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheaf <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"/> Curb-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 checked="" 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 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"/> SMTUD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.
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