

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103491

Insp Area: 4

Site Address: 1642 LOS ROBLES BL SAC
Parcel No: 252-0301-060

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

CONTRACTOR
QUALITY APPLIANCE INSTALLATION
4555 GUBURN BL #112
SACRAMENTO 95841

OWNER
MIC EADDEN JEROME M
1642 LOS ROBLES BL
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: RPLC WATER HEATER

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. 3997, et seq.)

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 7 of the Business and Professions Code and my license is in full force and effect.

License Class C16 License Number 604624 Date 3/28/01 Contractor Signature Jaa

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 its 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 7 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).

I, as a owner of the property, or my immediate family, as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 704 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 to be sold, upon 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. _____ of the PC for this reason: _____

Date _____ Owner 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 and 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 the 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 3/28/01 Applicant/Agent Signature Jaa

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 550980000442 Exp Date 04/01/2001

(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 have not become, and I shall not 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 3/28/01 Applicant Signature Jaa

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.

PERMIT SERVICES USE ONLY
 P.V.# 495146



PERMIT NUMBER
 (Required)
 # 0103491
 Attach job copy of permit

CITY OF SACRAMENTO
 NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
 1231 I STREET, RM. 200
 SACRAMENTO, CA 95814

PERMIT SERVICES
 916-264-7619
 FAX 916-264-7046

BUILDING INSPECTIONS
 916-264-5716
 FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 1642 Los Robles Blvd
 DATE OF WRITTEN REQUEST: _____ DATE REQUEST RECEIVED: _____
 PERMIT FOR: Water Heater
 REASON FOR REFUND: pulled two permits for the same job, #0103491 & 0103627.
 CONTRACTOR: Quality Appliances OWNER: _____
 ADDRESS: 4555 Auburn Blvd #2 ADDRESS: _____
 CITY/ST/ZIP: SACRAMENTO, CA 95841 CITY/ST/ZIP: _____
 PHONE: (916) 973-8161 PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID	AMOUNT TO BE REFUNDED
Permit Value <u>300.00</u>	Adj. Value <u>300.00</u>
BPF pd <u>75.00</u>	BPF pd <u>75.00</u>
PC/PPF pd <u>0</u>	PC/PPF pd <u>0</u>
SMI pd <u>0</u>	SMI pd <u>0</u>
CBL pd <u>12</u>	CBL pd <u>12</u>
Tech pd <u>300</u>	Tech pd <u>300</u>
Other	Other
Other	Other
Other	Other
Other	Other
Other	Other
Other	(Comm/Res Adman) (-30.00) <u>(-50.00)</u>
Total Paid <u>7812</u>	Total Refund Amount <u>2812</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: [Signature] DATE: _____
 REFUND APPROVED BY: _____ DATE: _____

PLEASE ALLOW 30 DAYS FOR PROCESSING