

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0010572**  
**Insp Area: 2**

**Site Address: 8511 TAMBOR WY SAC**  
Parcel No: 117-1310-055 JACINTO VILLAGE-2 LOT 55

**Sub-Type: NSFR**  
**Housing (Y/N): N**

CONTRACTOR  
J&L PROPERTIES  
3434 MARCONI AV. STE. C  
SACRAMENTO CA. 95821

OWNER

ARCHITECT

**Nature of Work: MP 1872 2 STORY 8 ROOM SFR**

**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 66238 Date 9-19-00 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: \_\_\_\_\_

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 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 \_\_\_\_\_ Applicant/Agent 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 RELIANCE INS CO Policy Number NWA2047932-00 Exp Date 11/18/2000

\_\_\_\_ (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 9-19-00 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.**

Project Address: 8511 TAMBOUR WAY Assessor Parcel # 117-131-55  
Lot Number: 55 Subdivision Jacinto Village Unit: 2

**OWNER INFORMATION:**

Legal Property Owner: J&L Properties Phone# 916-487-3434  
Owner Address: 3434 Marconi Ave City Sacto State CA Zip 95821

**CONTRACTOR INFORMATION:**

Contractor: J&L Properties Lic. # 660088 Phone # 487-3434 Fax 487-3815

**PROJECT INFORMATION:**

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A  
No. of Stories: \_\_\_\_\_ No. of Rooms: \_\_\_\_\_ Street Width: \_\_\_\_\_  
1<sup>st</sup> Floor Area 783 2<sup>nd</sup> Floor Area 889 Basement \_\_\_\_\_ Roof Material \_\_\_\_\_  
AREA IN SQUARE FOOT OF:  
Dwelling/Living 1872  
Garage/Storage 683  
Decks/Balconies \_\_\_\_\_  
Carports \_\_\_\_\_  
SCOPE OF WORK: New SFD: PLAN 575

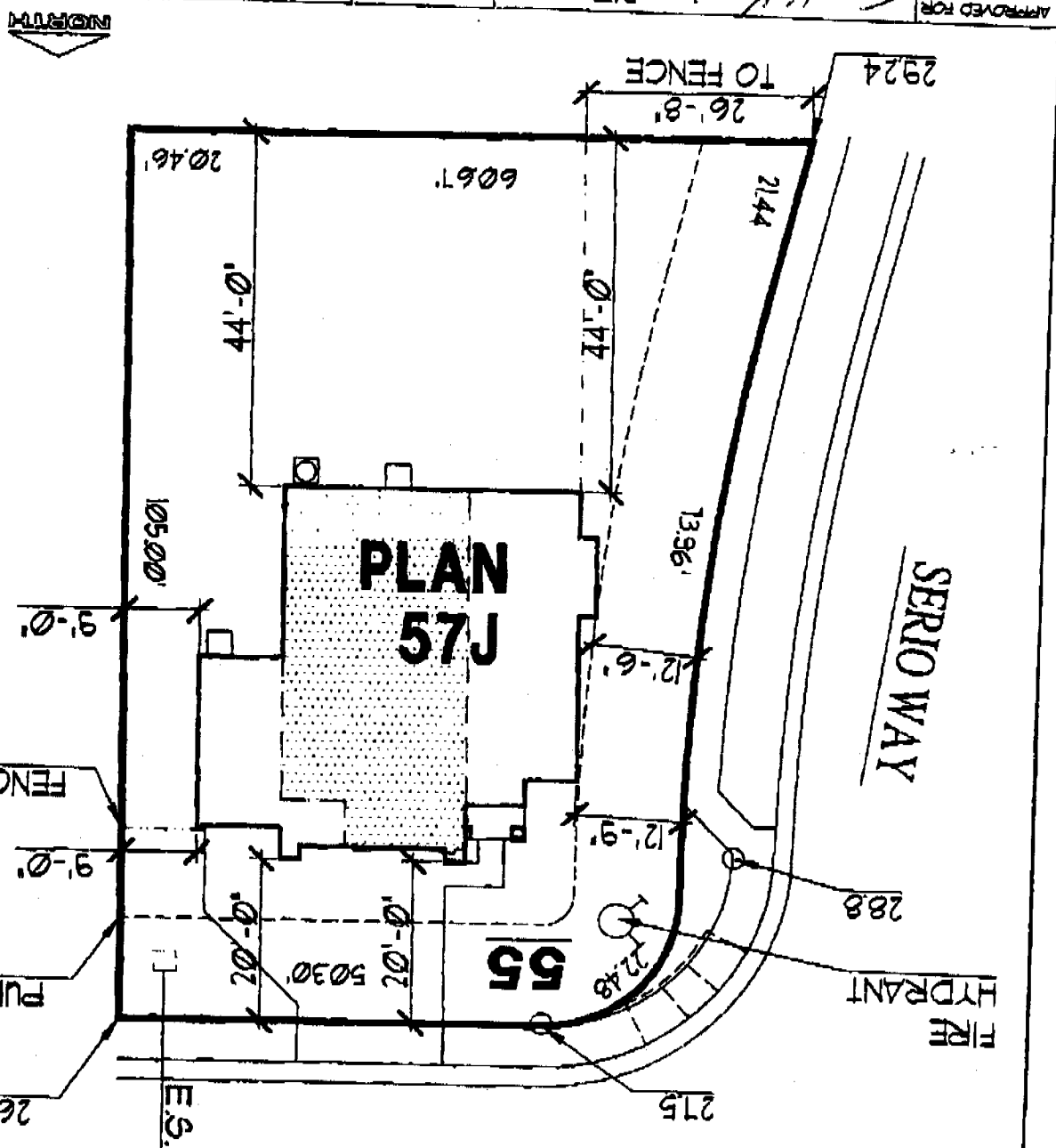
FOR OFFICE USE ONLY

- Information Above Complete
  - Violation Files Checked
  - Standard Setbacks
  - County Sewer
  - AR Flood Waiver Required
  - Flood Elevation Certificate Required
  - Water Development Infill Area
  - Planning Approval
  - Design Review Approval
  - Special Fee Districts Apply:
- ~THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT~**
- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
  - 11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
    - a) Assessor's Parcel Number
    - b) New Floor Area
    - c) Owners Name
    - d) Project Address

Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_ Permit # \_\_\_\_\_

APPROVED FOR RELEASE LP-LOT-55-57 1-31-00 4:05PM

DATE APPROVED BY BUYER DATE



- 2 STORY HOUSE
- 3 CAR GARAGE
- 7723 SQ. FT. OF LOT
- 8511 STREET ADDRESS
- TAMBOR WAY

TAMBOR WAY

THIS PLAN IS A PRELIMINARY DESIGN AND IS NOT TO BE USED FOR CONSTRUCTION. ANY CHANGES TO THIS PLAN MUST BE APPROVED BY THE ARCHITECT. THE ARCHITECT'S OFFICE IS NOT RESPONSIBLE FOR THE ACCURACY OF THE DIMENSIONS OR THE LOCATION OF THE FEATURES SHOWN ON THIS PLAN. THE ARCHITECT'S OFFICE IS NOT RESPONSIBLE FOR THE ACCURACY OF THE DIMENSIONS OR THE LOCATION OF THE FEATURES SHOWN ON THIS PLAN.

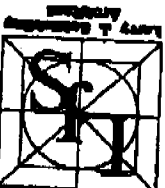
LACUNA POINTE

PROPOSED SITE PLAN  
JACINTO VILLAGE UNIT NO. 1  
SUBDIVISION

JTS Communities  
3434 Marconi Avenue  
Sacramento, CA 95821 (916) 487-3434  
Suite A0

ORIGINAL  
Aug 1 2000  
Cindy Moreno

REVISIONS



Marsh USA Inc.

4/2/03

1:00

PAGE 2/2

RightFAX

**MARSH**

**CERTIFICATE OF INSURANCE**

CERTIFICATE NUMBER  
LOS-000196092-02

**PRODUCER**

Marsh Risk & Insurance Services  
777 South Figueroa Street  
CA License #0437153  
Los Angeles, CA 90017  
Attn: B. DeNoia - Phone: 213-346-5081, Fax: 213-346-5935

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

**COMPANIES AFFORDING COVERAGE**

COMPANY

A American States Insurance Company

COMPANY

B United States Fire Insurance Company

COMPANY

C N/A

COMPANY

D N/A

2370E -BMVAG-ALL-03-04

**INSURED**

BEUTLER CORPORATION  
4700 LANG AVENUE  
MCLELLAN, CA 95852

**COVERAGE**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADJ INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	01CG25811810	11/01/02	11/01/03	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETARY PARTNER & EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	408032361 2	04/01/03	04/01/04	<input checked="" type="checkbox"/> WORKERS COMPENSATION LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE POLICY LIMIT \$ 1,000,000 EL DISEASE EACH EMPLOYEE \$ 1,000,000
	OTHER				

**DESCRIPTION OF OPERATION(S)/LOCATION(S)/VEHICLE(S)/SPECIAL ITEM(S)**

Evidence of Coverage

**CERTIFICATE HOLDER**

**CANCELLATION**

IF SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVE OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

By: John F Wesley



MM13/02

VALID AS OF: 04/02/03



00-00-0000

00-00-0000  
00-00-0000  
00-00-0000  
00-00-0000  
00-00-0000

Beutler Heating and Air  
4700 Lang Avenue  
McClellan, CA 95814

City of Sacramento  
Development Services Division

To Whom It May Concern:

Beutler Heating and Air hereby make "Go Getter" courier service its agent, thereby granting "Go Getter" full authorization to pick up and sign for any City of Sacramento Building Permits on behalf of Beutler Heating and Air.

Thank you for your cooperation.

Sincerely,

Matt Kroner  
Beutler Heating and Air Conditioning