

City of Sacramento



Building Permit

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

Permit No: 060569
Date Issued:
Total Amount:
Insp Area #:

ISSUED CITY OF SACRAMENTO APR 26 2006

Inspection Request # (916) 264-7622

***** Please Fill in the Following ***** DOWNTOWN PERMIT CENTER

Site Address: 4909 Camino Royale Dr.
Nature of Work: Replace hot water heater, 50 gal gas

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: 262063 Date: 3-31-06 Signature: Kwab Eimhene

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 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 statement of exemption or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant shall subject the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, as an owner of the property, or my agent, am exempt in this case because the work is not intended or offered for sale (Sec. 7044, Business and Professions Code). I, as owner, am exempt because I am the owner of the property who builds or improves thereon, and who does such work himself or herself or through his/her agent, 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 perform the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to all owner of property who build or improve thereon, 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 represents and that he/she is 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: 3-31-06

Applicant/Agent Signature: Kwab Eimhene

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: American Home

Policy Number: LAC 3021490

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.

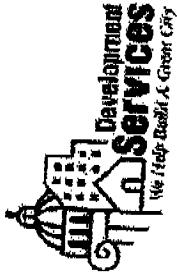
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CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7822

Fax # 916-808-1901 Downtown Permit Center, New City Hall
 915 1 Street, 3rd Floor, Sacramento, CA 95814



Fax # 916-808-8370

Activity # 0605691

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

FAXED PERMIT APPLICATION

(certain restrictions apply)

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:

Job Address: 4809 Camino Royale Dr. RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Contact Person: Mark Blevins Unit # _____ Contract Price \$ 500.00
 Property Owner: Mark Blevins
 Address: 4809 Camino Royale Dr. Contractor: Plumb-in-Time License # 888068
 City/State/Zip: Sacramento, CA, 95823 Address: 360 Memorial Drive #140
 Phone: 916-395-7823 City/State/Zip: Sacramento, CA 95814
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: Replace hot water heater, 50 gal. gas Phone: 916-293-3031 XT 1042 Fax: 916-351-0663

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshelf <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"/> Fiberglass <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 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 Termites <input type="checkbox"/> 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"/> SMUD <input type="checkbox"/> PG&E • NOTE: Correction Notice items will require an additional building permit.
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