

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0318962

Insp Area: 2
Thos Bros: 337 D2

Site Address: 7475 PERMAR ST SAC
Parcel No: 048-0245-009

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

CONTRACTOR

OWNER
EDWARD LINO CHESTANG
7475 PERMAR ST
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: WATER HEATER CHANGE OUT

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 _____ License Number _____ Date _____ Contractor 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 12-9-03 Owner Signature Edward Lino Chestang

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 12-9-03 Applicant/Agent Signature Edward Lino Chestang

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:

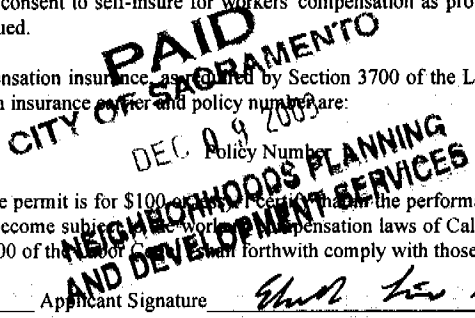
Carrier _____ Policy Number _____ Exp Date _____

ALL (This section need not be completed if the permit is for \$100 or less.) I hereby 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 12-9-03 Applicant Signature Edward Lino Chestang

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.



OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBA Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name Fidelity Warranty Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed Glen Kenney

Job Address 2475 PERMAN ST

Permit No: 0318962



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-4677



Date: 12-9-03

Downtown Permit Center 1-916-264-6807
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION
 (certain restrictions apply)

*Faxed request must be received in this office by 3:00 P.M. to be processed the following work day.
 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: 7475 Permar Street RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Contract Price \$ 999.00
 Contact Person: Edward Lind Chestang Unit # _____
 Property Owner: Edward Lind Chestang Contact Phone: (916) 592-4800
 Address: 7475 Permar Street Contractor: _____ License # _____
 City/State/Zip: Sacramento, CA 95822 Address: _____
 Phone: (916) 592-4800 City/State/Zip: _____
 Phone: _____ FAX: _____

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <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"/> Horitz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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: \$ _____	<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 Termite Damage Repair (Describe Locations Below)	<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.
--	---	---	---	---

*Design Review approval may be required.

*Design Review approval may be required.

DESCRIPTION OF WORK: Replace Water Heater

FIRST AMERICAN TITLE COMPANY

RECORDING REQUESTED BY
First American Title Company

AND WHEN RECORDED MAIL TO:
Edward Lino Chestang and Heather M.
Chestang
7475 Permar Street
Sacramento, CA 95822

CERTIFIED A TRUE COPY OF THE ORIGINAL
DOCUMENT RECORDED 9-30-03
AS INSTRUMENT No. ~~20031130 NA~~
IN BOOK 20030930 PAGE 499
OFFICIAL RECORDS OF SACRAMENTO COUNTY
FIRST AMERICAN TITLE INSURANCE COMPANY

BY [Signature]

Space Above This Line for Recorder's Use Only

3406-1124935KD

A.P.N.: 048-0245-009-0000

File No.: 3406-1124935 (KD)

GRANT DEED

The Undersigned Grantor(s) Declare(s): DOCUMENTARY TRANSFER TAX \$200.75; CITY TRANSFER TAX \$;
SURVEY MONUMENT FEE \$none

- computed on the consideration or full value of property conveyed, OR
- computed on the consideration or full value less value of liens and/or encumbrances remaining at time of sale.
- unincorporated area; City of **Sacramento**, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, **Restituto Coloma and Erlinda Coloma, his wife, as joint tenants**

hereby GRANTS to **Edward Lino Chestang and Heather M. Chestang, husband and wife as joint tenants**

the following described property in the City of **Sacramento**, County of **Sacramento**, State of California:

Lot 191 of Plat of Florin Estates; according to the Official Plat thereof, filed in the Office of the Recorder of Sacramento County, California, on August 8, 1966, in Book 80 of Maps, Map No. 2.

Dated: 09/26/2003

Mail Tax Statements To: **SAME AS ABOVE**



First American Title Company
9295 East Stockton Blvd., Suite 20, Elk Grove, CA 95624
(916) 686-6600 Fax - (916) 686-6629

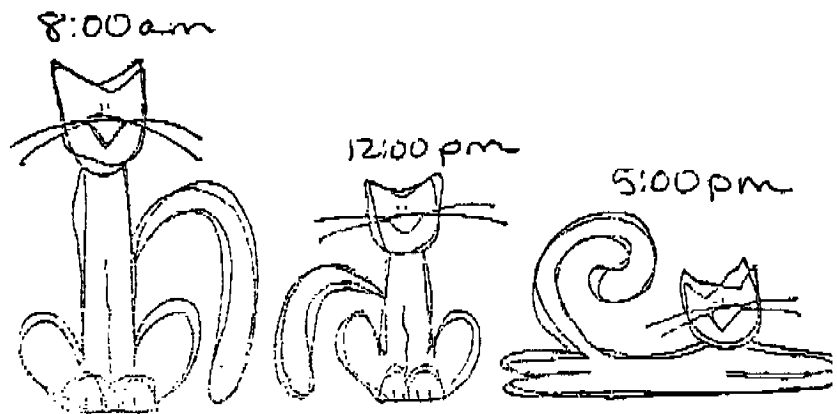
FAX COVER SHEET

Date: 12-9-03
Escrow No.: 1124935KD
To: City of Sac
Re: Permarst.
Fax No.: 264-1901
Attn: Jeremia
From: Kelly Driscoll, Escrow Officer
Total Number of Pages: 3

Enclosures/Message: Grant Deed

This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service.

If you do not receive all pages as indicated or have problems in receiving this fax, please contact the above sender at: (916) 686-6600 Our return fax number is: (916) 686-6629



Restituto Coloma
Restituto Coloma

Erlinda Coloma
Erlinda Coloma

STATE OF California }
COUNTY OF Sacramento } ss.
}

On 9-29-03 before
me, K. Driscoll personally
appeared Restituto Coloma and Erlinda Coloma
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the
entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

*This area for official
notarial seal*

Signature

K. Driscoll

My Commission Expires:

2-14-07

