CITY OF SACRAMENT	0	Permit No:	0400251
1231 I Street, Sacramento, CA	95814	Insp Area: Thos Bros:	1 318 E1
Site Address: 3006 JULLIARD I Parcel No: 079-0174-010	DR SAC	Sub-Type: Housing (Y/N	RES): N
CONTRACTOR SEARS HOME IMPROVEMENTS 283 E. AIRWAY BL LIVERMORECA. 94550	OWNER MILLER JAN E 3006 JULLIARD DR SACRAMENTO CA 95826	ARCHITECT	
Nature of Work: VINYL FASCIA &	GUTTERS FRONT BANK &	RIGHT SIDE ONLY 2 SQ	
CONSTRUCTION LENDING AGENCY the work for which this permit is issued (Sec. 309		jury that there is a construction lending agen	cy for the performance of
Lender's Name	Lender's Addr	ess the state of t	
LICENSED CONTRACTORS DECLA (commencing with section 7000) of Division 3 of License Class License Number 72137 OWNER-BUILDER DECLARATION: reason (Sec. 7031.5, Business and Professions C prior to its issuance, also requires the applicant for License Law (Chapter 9 (commencing with Sectibasis for the alleged exemption. Any violation of	Thereby affirm under penalty of perjury code; any city or county which requires a persuant to file a signed statement ion 7000) of Division 8 of the Business	tractor Signature	nse Law for the following h, or repair any structure, visions of the Contractors exempt therefrom and the
I, as a owner of the property, or my empl sale (Sec. 7044, Business and Professional Code who does such work himself or herself or throug the building or improvement is sold within one y the purpose of sale.) I, as owner of the property, am exclusive The Contractors License Law does not apply to a licensed pursuant to the Contractors License Law	The Contractors License Law does not his/her own employees, provided that the ear of completion, the owner-builder will be contracting with licensed contractors in owner of property who builds or impression.	such improvements are not intended or offer 1 have the burden of proving that he/she did to construct the project (Sec. 7044, Busines	or improves thereon, and red for sale. If, however, not build or improve for as and Professions Code:
I am exempt under Sec.	B & PC for this reason:	PAID	
Date	Owner Signature	CITY ()E SACRAFIE	
IN ISSUING THIS BUILDING PERMIT, the measurements and locations shown on the appli private agreement relating to permissible or prohimprovement or the violation of any private agree I certify that I have read this application and state	cation or accompanying drawings and to hibited locations for such improvements, ment relating to location of improvement	on the representation of the applicant, that hat the improvement to be constructed block. This building permit does not authorize a s.s.	the applicant verified all s not violate any law or ny illegal location of any
building construction and herby authorize represe			
Date 0/08/04	Applicant/Agent Signature	MUKL / Jain	· · · · · · · · · · · · · · · · · · ·
performance of work for which the permit is issue	onsent to self-insure for workers' compe ed.	alty of perjury one of the following declarationsation as provided for by Section 3700 of 3700 of the Labor Code, for the performan	the Labor Code, for the
this permit is issued. My workers compensation	insurance carrier and policy number are:		
Carrier LIBERTY MUTUAL		WA2CAD004249023 Exp Date	04/01/2004
(This section need not be completed if the not employ any person in any manner so as to be workers' compensation provisions of Section 3700	come subject to the workers' compensati		
Date 01/08/04	Applicant Signature	The I Jana	
WARNING: FAILURE TO SECURE WORKS CRIMINAL PENALTIES AND CIVIL FINES COMPENSATION, DAMAGES AS PROVIDED	UP TO ONE HUNDRED THOUSA	ND DOLLARS (\$100,000) IN ADDITIO	N TO THE COST OF

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

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FAXED PERMIT APPLICATION (certain restrictions apply) DEVELOPMENT SERVICES DIVISION CITY OF SACRAMENTO

01/07/04

Fax #916-264-1901

Note: Work started before a Building Parand is insued will be endired so avail for Noice Contractors would have a current certificate of Worker's Companyation Insurance Fared request was be received in this office by): 86 p.m. to be processed the following work dop.

Mry fascia, & Guthers - Front, Back Ind right - State only, Design Review approval may be Etiquitresi de cresais areas. SIDENC EX NATURE OF REQUEST: CI HOUSE DEMENCE Matoriak SHWINDS O RENDON (subday like) JOB ADDRES: 3006 Phone. City/Smerzip: Sectionents Property Omer: Jane Willer C sheers C) Starte 01:11 O MONECT D'TEMMOFF - CONTACT PERSON: () WILL 30010 579-9246 IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED: CE-RESIDENTIAL O APARTMENTS (** volume balance O COMMERCIAL realing) Ocalgo Herless approval may be 1 required for reading exist. Value of there work: D CHANCE OUT D NCW DHYAC INSTALLATIONS (A Then Repend facticate from the selections below & provide details under description of work O Split system

O Rowl means O Package C) Other (distribe O Wall furnage U Mean prosp or class. O Hou Page C C + 1 E SE 0 de 1 A O WATER HEATER per terande annog veleng regard is these areas. D DRY NOT ON TEXAMITE 2 (Describe hearings helpy) DAMAGE BEPAIR fresidential One, 73 O Referate D Start to Ca O Charge vu O sixchac UNIT # Phone: 925) 245-2000 71X. City/State/Zip: LIVELLE MOCE Contractor: Seas Have Turprovolut incense # 721379 Address: 283 E Air way * CONTACT PHONE: 419-5532 D Re-plants D Gas Lies Replacement O Score Service Replacement O Water Scowier Replacement C. Re-wise D New carest circum O Cherrie Sonice Charge OMINOR ELECTRIC MON SHERD INTRO A STATE OF fresidental ONE A. MINOR PLEMBING => CONTRACT PRICES 1,524.00 B building permit will expaire on additional Correction Notice items (Residented and single searcock) STUTIEN STRAKE O (A HO GE *NOTE: SAMETY INSPECTION BACE DSMUD

P.01