

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) yes
2. I (have/have not) have 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 _____ 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 _____ 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:

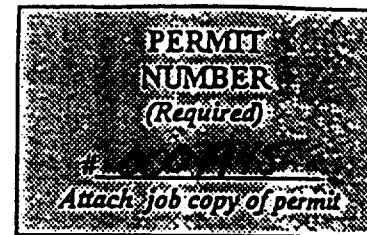
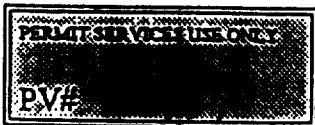
Name	Address	Phone	Type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X Signed _____

X Job Address _____

X Date 3/17/00

Permit No. _____



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: 7600 GREENHAVEN DR.
 DATE OF WRITTEN REQUEST: 3/28/00 DATE REQUEST RECEIVED: 3/28/00
 PERMIT FOR: SIGN
 REASON FOR REFUND: JOB CANCELLED
 CONTRACTOR: _____ OWNER: _____
 ADDRESS: CAPITAL NEEN ADDRESS: _____
 CITY/ST/ZIP: 5920 ROSEBUD LANE CITY/ST/ZIP: _____
 PHONE: SAC. CA. 95841 PHONE: _____
916-349-1800
 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>945.00</u>	Adj. Value	<u>945.00</u>
BPF pd	<u>55.00</u>	BPF pd	<u>55.00</u>
PC/PPF pd	<u>50.00</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>0</u>	SMI pd	<u>0</u>
CBL pd	<u>33</u>	CBL pd	<u>33</u>
Tech pd	<u>540</u>	Tech pd	<u>540</u>
Other <u>ELC</u>	<u>30.00</u>	Other <u>ELC</u>	<u>30.00</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
Total Paid	_____	Total Refund Amount	<u>60.00</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: John S. Boyd DATE: 3/30/00
 REFUND APPROVED BY: David P. Brock DATE: 3/30/00

PLEASE ALLOW 30 DAYS FOR PROCESSING

CITY OF SACRAMENT

CAPITOL NEON REQUESTS A REFUND
FOR SIGN PERMIT # 21091. THE
SIGN IS NOT GOING UP.

Dan C. M.

CAPITOL NEON
5520 ROSEBUD LN.
SACRO CA 95841

CONTACT CINDY DURFEE.
916-349-1800
9

CITY OF SACRAMENTO
PERMIT ASSISTANCE

MAR 28 2000

RECEIVED