

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0207630

Insp Area: 2
Thos Bros: 297 E7

Site Address: 2417 27TH ST SAC
Parcel No: 010-0241-021

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

CONTRACTOR

OWNER
SCOTT & MICHELE CABLE
3570 BUENA VISTA DR
SAC CA 95864

ARCHITECT

Nature of Work: INSTALL STUCCO ON ON 2ND FLOOR C/O WINDOWS 2ND FLOOR

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).

PAID
CITY OF SACRAMENTO

JUN 10 2002

I am exempt under Sec. _____ B & PC for this reason: _____
Date 6/10/02 Owner Signature _____

NEIGHBORHOODS PLANNING AND DEVELOPMENT OFFICE

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has verified all measurements and locations shown on the application or accompanying drawings and that the improvements 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 above mentioned property for inspection purposes.

Date 6/11/02 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 _____ Policy Number _____ Exp Date _____

(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 6/10/02 Applicant Signature _____

WARNING: FAILURE TO SECURE WORKERS 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 ATTORNEYS 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) 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 _____ 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
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<u>WILL HAVE BID OUT FOR WORK</u>			
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Signed [Signature]

Job Address 2417 27th ST.

Permit No: _____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # _____	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2417 27th STREET - REAR BUILDING Suite _____
 PARCEL # 010 - 0241 - 021

CONTACT

Name SCOTT CABLE
 Street Address 3570 BUENA VISTA DR
 City/State/Zip SACRAMENTO, CA 95864
 Phone 916-379-3825 FAX _____
 E-mail: SCABLE@WINFIRST.COM

LICENSED CONTRACTOR Lic No. # _____

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

ARCHITECT/ENGINEER

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

OWNER

Name SAME
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: REPLACE W/STUCCO ON SECOND FLOOR AND REPLACE SECOND FLOOR WINDOWS (SAME SIZE)

OCCUPANT/TENANT: _____ VALUATION: \$ _____

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 2417 27th St Rear Bld.

APN: 010-0241-021 ~~022~~ ~~023~~ ~~024~~? ZONING: C2

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: 1R10187

EXISTING LAND USE: Office Building

PROPOSED USE: No Change

COMMENTS: Replacing second floor w/ stucco finish
and installing new matching windows
See Ellen for Des. Rev approval

DATE: _____ BY: _____

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: _____

DATE: _____ BY: _____