

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0405955

Insp Area: 1

Thos Bros: 297F6

Site Address: 2022 ALHAMBRA BL SAC

Parcel No: 010-0131-012

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

SHANNON HERBERT D/SHIRLEY
2024 ALHAMBRA BL
SACRAMENTO CA 95817

Nature of Work: SMUD SAFETY INSPECTION.

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 4/19/04 Owner Signature [Signature]

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 4/15/04 Applicant/Agent Signature [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:

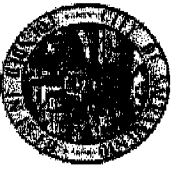
Carrier _____ Policy Number _____ Exp Date _____

(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 4/19/04 Applicant Signature [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.



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

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:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2022 Alhambra Blvd Unit #: _____ Contract Price \$ _____

Contact Person: Michael Rapoport Contact Phone: _____

Property Owner: Heer's Sharon Contractor: Danel License # _____

Address: 2022 Alhambra Blvd City/State/Zip: _____

City/State/Zip: SAC 95817 Phone: _____ FAX: _____

Phone: 916-532-9115

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"/> Horiz <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 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 Termitic 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 checked="" 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"/> SMCUD <input type="checkbox"/> PG&E |
|---|--|---|---|--|

*Design Review approval may be required.

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◆ NOTE: Correction Notice items will require an additional building permit.

DESCRIPTION OF WORK:

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 |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

Signed JTK

Job Address 2022 AlHam Bark

Permit No: 0405955



DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2904

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the City's Standard
Owner-Builder Notification and Owner-Builder Verification, as required by
California Health and Safety Code Section 19830 and 19831. I authorize my
agent(s) Michael Rapoport

to sign the Owner-Builder Verification on my behalf.

Signature

Herbert D. Chapman

Print Name

HERBERT D. CHAPMAN

Address

2022 ALVARADO BLVD

SAC CA 95817

Telephone

916 422-7715

PERMIT NO. 040595

CITY OF SACRAMENTO
2101 ARENA BLVD, #200
BUILDING INSPECTIONS DIVISION

AREA NO. 1

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 2022 Alhambra BC

INSPECTION REQUESTED SMUD Safety JCF

THE UNDERSIGNED BUILDING PLUMBING MECHANICAL ELECTRICAL
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

1. Install correct type conductors at service riser conduit. Do not use N-M cable
2. Size service entrance conductors to main service breaker. Min for 100A is #2 copper #1 Al
3. Bond water within 5' of entering building (every metal water pipe)
4. Provide ground electrode conductor min #8 per 250-66
5. Install point of attachment on service riser conduit

INSPECTOR Mark Reig DATE 6/20/04

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

PERMIT NO.
0405955

CITY OF SACRAMENTO
2101 ARENA BLVD, #200
BUILDING INSPECTIONS DIVISION

AREA NO.
1

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 2022 Alhambra

INSPECTION REQUESTED Speed Safety 2022

THE UNDERSIGNED BUILDING PLUMBING MECHANICAL ELECTRICAL
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- 6. Support service conduit within 36" of service panel
- 7. Install flashing on roof penetration
- 8. Have permit moved from Safety Inspector to service charge.
- Incomplete inspection

INSPECTOR Man King DATE 4/21/04

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY