

CITY OF SACRAMENTO

Permit No: 9901015

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1760 SAN JUAN RD SAC
Parcel No: 2250900005

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

CONTRACTOR

JAMES E WILLIAMS & SON
5705 VIRGINIA TOWN RD
NEWCASTLE CA

95658

OWNER

DEL VERDE SQUARE OWNERS
151 DEL VERDE CR
SACRAMENTO CA

58330

ARCHITECT

Nature of Work: REMOVE AND REPLACE FIRE DAMAGED AREAS AND CHANGE SAUNA ROOM TO STORAGE

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 B License Number 688112 Date 2-2-99 Contractor Signature Mike Williams

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 Owner 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 2-2-99 Applicant/Agent Signature Mike Williams

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 TRUCK INSURANCE Policy Number N05089987 Exp Date 05/01/1999

(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 2-2-99 Applicant Signature Mike Williams

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.

9901015

4C

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 1760 San Juan Rd. Suite _____
 PARCEL # 225-0900-005

CONTACT
 Name Jim Williams
 Address 5907 Virginiana Rd.
Newcastle CA Zip 95658
 Phone 645-3907 FAX 645-6860

LICENSED CONTRACTOR Lic No. # 688112
 Name Jim Williams
 Address 5907 Virginiana Rd.
Newcastle CA Zip 95658
 Phone 645-3907 FAX 645-6860

ARCHITECT/ENGINEER
 Name Gene Poeten Inc.
 Address 8952 New Dawn Dr.
Sac CA Zip 95826
 Phone 362-4563 FAX 362-1715

OWNER
 Name Michael & Sons Prop Mngs
 Address 715 University
Sac CA Zip _____
 Phone 646-6492 FAX _____

Will the permittee have any employees on the jobsite? Yes No
 If yes, WORKER'S COMPENSATION POLICY # 600 420 6953 EXPIRATION DATE: 5-1-99
 NAME OF INSURANCE COMPANY: FARMER

NATURE OF WORK IN DETAIL: Remove and Replace Fire Damaged material
as per Architects specifications
REMOVE
25 yr div comp
OK DR [Signature]
2-2-99

VALUATION: \$20,000.00

FLOOD STATUS:		S.C.A.T.		REMO		SW		FIRE		ADD		OTH	
JOB DESCRIPTION		BLDG	SHEL	APT	TI	ELEC		SITE		FIRE		Vio. File	
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	Fire Req. Y/N		Fed Code		Vio. File		Vio. File	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Spr	Alarm	08		Vio. File		Vio. File	
(B)	(L)	(P)	(M)	(E)	F	(S)		D		R		R	
13 GYL	13 GYL	13 INT	None	13 GYL		13 NO							

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BUDGS OR ADDITIONS Yes No