

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0111950

Insp Area: 3

Thos Bros:
Sub-Type: RES
Housing (Y/N): N

Site Address: 3948 8TH AV SAC

Parcel No: 000-1420-205

CONTRACTOR

DOCTOR C'S CONSTRUCTION
5325 ELKHORN BL STE 193
SACRAMENTO CA 95842

OWNER

LYDIA CRAFT
3948 8TH AV
SAC,CA. 95822

ARCHITECT

Nature of Work: INTERIOR DRY ROT REPAIRS, MINOR ELECTRICAL REPAIRS, MINOR PLUMBING REPAIRS, NEW FLOORING AND PAINT

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 748812 Date 17/09/2001 Contractor Signature Marshall G. Calahan

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 17/09/2001 Applicant/Agent Signature Marshall G. Calahan

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 CLARENDON NATIONAL INS Policy Number WC11410700 Exp Date 02/02/2001

(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 17/09/2001 Applicant Signature Marshall G. Calahan

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
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

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

DATE: 17/09/2007

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

JOB ADDRESS: 3948 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
3944 Ste Ave UNIT # 1 CONTRACT PRICE \$ 4600
=> CONTACT PERSON: Michael L. Collins => CONTACT PHONE: (916) 331-4480

Property Owner: Lydia Chaff
Address: 8849 Rd Ave
City/State/Zip: Sacramento, CA
Phone: 392 1308
Contractor: Joe O's Construction License # 248812
Address: 5325 Elkhorn Blvd Ste #193
City/State/Zip: Sacramento, CA
Phone: (916) 331-4480 FAX: (916) 349-1622

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 #SQUARES <u>1</u> Material: _____	<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)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input checked="" 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 STRIPS	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <u>15</u> <u>20</u> <input type="checkbox"/> New electric circuits <input checked="" type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input checked="" type="checkbox"/> Re-plumb <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Water	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SPRING <input type="checkbox"/> Wood <input type="checkbox"/> T.N.I. <input type="checkbox"/> Hop <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco Paint same color	Value of duct work: _____ Equipment \$ _____ Cut-in: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Bathroom floor and subflooring	Note: Design Review approval may be required in certain areas.	

DESCRIPTION OF WORK: We are to remove dryrot from between kitchen, change electrical plug in kitchen of both and garage to GFCI change shut off valves in kitchen & both pans out side over same color and trim inside new unit

PERMIT SUMMARY DOCUMENT

Bldg Minor Permit
APPLIED

Address: **3948 8TH AV SAC** Date Issued: Area: 3

Permit #: **0111950** Thomas Bros:

Location:

APN: 000-1420-205

Owner: LYDIA CRAFT
3948 8TH AV
SAC, CA.
95822

Phone: 392-1308

Contractor: DOCTOR C'S CONSTRUCTION
5325 ELKHORN BL STE 193
SACRAMENTO CA
95842

Phone: 916-331-1480

JOB DESCRIPTION: INTERIOR DRY ROT REPAIRS, MINOR ELECTRICAL REPAIRS, MINOR PLUMBING REPAIRS, NEW FLOORING AND PAINT

DBA:

Occupancy: R3
Const Type:
Fire Sprinkler?:
Flood Zone:

Change of Use: N
Sub-Type: RES
Activity Code: II
Cert Req'd: ??

Zoning:
DR:
Fed Code: 1A
Balance: \$216.58

VALUATION: \$4,600.00
Y or N

Sq. Ft:

0

Reg San:

School Fees Req'd:

BLDG Y

MECH N

PLBG Y

ELEC Y

SITE

FIRE

CONDITIONS: