

CITY OF SACRAMENTO

Permit No: 9806494

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 8566 EVERGLADE DR SAC

Sub-Type: RES

Parcel No: 0780167001

Housing (Y/N): N

CONTRACTOR

NEW CENTURY AIR
3129 FITE CIR #130
SACRAMENTO CA

95827

OWNER

MARAVILLA JESUS/CARMEN
8566 EVERGLADE DR
SACRAMENTO CA

95826

ARCHITECT

Nature of Work: INSTALL HVAC

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: 220 License Number: 718740 Date: 7/13/98 Contractor Signature: [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 on the basis of 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).

CANCELLED
RETURN
8/28/98

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 Professions 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 to be 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 \_\_\_\_\_ 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: [Signature] Policy Number: DKRS046208

(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 \_\_\_\_\_ Applicant 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.

PERMIT SERVICES USE ONLY  
PV# 400735



PERMIT NUMBER  
(Required)  
# 9806494R  
Attach job copy of permit

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: 8566 EVERGLADE DR.

DATE OF WRITTEN REQUEST: 9-24-98

PERMIT FOR: HVAC

DATE REQUEST RECEIVED: 9-28-98

REASON FOR REFUND: JOB CANCELLED

CONTRACTOR: NEW CENTURY AIR.

OWNER: JESUS & CARMEL MARAVILLA

ADDRESS: 3129 FITE CIR. # 130

ADDRESS: 8566 EVERGLADE DR.

CITY/ST/ZIP: SACTO. CA. 95827

CITY/ST/ZIP: SACTO. CA. 95826

PHONE: 916-362-2822

PHONE:

REFUND RECIPIENT:  CONTRACTOR  OWNER  OTHER:

**ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)**

AMOUNT PAID

Permit Value	7075.00
BPF pd	253.00
PC/PPF pd	19.00
SMI pd	0
CBL pd	2.83
Tech pd	10.82
Other	
Other	
Other	
Other	
Other	
Other	
Total Paid	2857.1

AMOUNT TO BE REFUNDED

Adj. Value	7075.00
BPF pd	253.00
PC/PPF pd	0
SMI pd	0
CBL pd	2.83
Tech pd	10.82
Other	
Other	
Other	
Other	
Other	
(Comm/Res Adman)	(-30.00) (-50.00)
Total Refund Amount	2367.1

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: John A. Bony

REFUND APPROVED BY: David P. Brock

DATE: 9-28-98

DATE: 9-28-98

PLEASE ALLOW 30 DAYS FOR PROCESSING