

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0513414  
Insp Area: 2  
Thos Bros: 316J6

Site Address: 930 43RD AV SAC  
Parcel No: 029-0311-001

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

CONTRACTOR

OWNER  
ROBARTS ROBERT G/BETTY  
PO BOX 478  
ELK GROVE, CA 95759

ARCHITECT

Nature of Work: REPLACE ELECTRICAL BREAKERS (TWO BOXES) FOR A TOTAL OF 6 APARTMENT UNITS. POWER HAS ALREADY BEEN RESTORED

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);

*TW* 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 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.)

PAID  
CITY OF SACRAMENTO  
SEP 01 2005  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICE

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7037, 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 *9/1/05* Owner Signature *Toni Walker*

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.

*TW* 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 *State Fund* Policy Number \_\_\_\_\_ Exp Date *06/30/06*

(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 *9/1/05* Applicant Signature *Toni Walker*

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.

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

<b>ACTIVITY #</b> 0513414	<b>Isnp. Area</b> 2
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*Applicant MUST complete ALL Unshaded areas*

**ADDRESS** 930-43<sup>rd</sup> Avenue, Sacramento 95831 <sup>Apt #123</sup> Suite #129  
**PARCEL #** 029-0311-001

<b>TERRI WELER CONTACT (DRAWER)</b>		<b>LICENSED CONTRACTOR</b> Lic No. # _____	
Name <u>Troy Stamper/Dan Delgado</u>		Name _____	
Street Address <u>930-43<sup>rd</sup> Avenue</u>		Address _____	
City/State/Zip <u>Sacramento CA 95831</u>		City/State/Zip _____	
Phone <u>916-395-9400</u> FAX <u>916-395-2767</u>		Phone _____ FAX _____	
E-mail: _____		E-mail: _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name _____		Name <u>Robarts Properties, LP (Terri Weller)</u>	
Address _____		Address <u>P.O. Box 478</u>	
City/State/Zip _____		City/State/Zip <u>EIK Grove, CA 95759-0478</u>	
Phone _____ FAX _____		Phone <u>916-685-0323</u> FAX <u>916-685-0323</u>	
E-mail: _____		E-mail: <u>Robpro@frontiernet.net</u>	

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** \_\_\_\_\_  
 → **WORKER'S COMPENSATION POLICY #** State Fund **EXPIRATION DATE:** 6/30/06

**NATURE OF WORK IN DETAIL:** install electrical breakers (REPLACEMENT)  
2 BOXES #123, 129, 133, 134, 137, & 138

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION:** \$ 500.00

<b>FLOOD STATUS</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM			
B	L	P	M	E	F	S		D	PW	UTIL

**COMMENTS:** POWER HAS ALREADY BEEN RESTORED PER TERRI WELER  
GEN. MGR FOR ROBARTS PROPERTIES 685-0323

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

930-43<sup>rd</sup> Ave

#123 + #129

Other \_\_\_\_\_

Your electricity has been scheduled for disconnect on: \_\_\_\_\_

In order to stop this action you must call our Customer Services Department to apply for service at 1-888-742-7683 between 7a.m. to 8 p.m. (For business hours see reverse side)

Your electricity has been scheduled for disconnection on:

In order to stop this action, you must

Make repairs to \_\_\_\_\_ and notify SMUD by \_\_\_\_\_ p.m. on \_\_\_\_\_

Secure a City/County electrical inspection, SMUD must receive notification of this inspection by 6 p.m. on 9/6/05

Thank you in advance for your cooperation  
MAIN BREAKER REPLACEMENT

LEE 732-5096

SMUD - 2431 9/00

SMUD Representative

CITY INSD  
264-5716

DATE	8/30/05	TIME	A.M. P.M.
ACCOUNT NO (s)			

Dear Customer:

- We read your electric meter today, and the reading was: \_\_\_\_\_
- Your electricity is reconnected- power is on to the main breaker switch.
  - Turn on the main breaker to obtain power.
  - Install/reverse fuse cartridge to "on" position to obtain power.
  - See the apartment/property manager for access to the main breaker.
  - Other \_\_\_\_\_

- We were unable to reconnect your electric service because:
  - Your gate was locked/blocked.
  - Access is needed to main breaker.
  - Dog
  - Shrub blocking the meter.
  - Need meter cabinet/door unlocked.
  - A minimum three foot clearance is needed in