

CITY OF SACRAMENTO

Permit No: 9801810

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 506 WEST SILVER EAGLE RD SAC

Sub-Type: RES

Parcel No: 2500160004

Housing (Y/N):

CONTRACTOR

OWNER

ARCHITECT

MARTINEZ JESSE E/MARY M/ISHMERAI
506 W Silver Eagle Rd
SACRAMENTO CA 95834

Phone:

Phone: 916-649-8251

Phone:

Nature of Work: UPGRADE PANEL (200 AMP) SMUD SAFETY INSP

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 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 or 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 or she did not build or improve for the purpose of sale.)

X 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 X 3/16/198 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

Date X 3/16/198 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

(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 X 3/16/198 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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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) Contractor

2. I (have/have not) _____ 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 Production Construction Address P.O. Box 621858
City Orangevale, CA 95662-1858 Telephone 913-7815
Contractors License No. 421400

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 James E. Martinez

* Job Address Sal W. Silven Eagle Rd. Date 3/6/98

Permit No.: _____

COUNTY OF SACRAMENTO

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OFFICE OF THE ASSESSOR
700 H STREET, SACRAMENTO, CA 95814-1284



ROGER G.F. FONG, ASSESSOR
JOHN SOLIE, ASSISTANT ASSESSOR

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MARTINEZ JESSE E/MARY M/ISHMERAI I
506 W SILVER EGL RD
SACRAMENTO CA 95834

Parcel Nbr: 250 0160 004 0000
Claim Number: 000367151
Print Date: 13-FEB-98 50
Dwelling Address:
506 W SILVER EGL RD 95834

CLAIM FOR HOMEOWNER'S PROPERTY TAX EXEMPTION

To qualify for the exemption, you must own this property and occupy it as your principal place of residence at 12:01a.m., January 1, or within 90 days after the date of the change in ownership or the completion of new construction.

If you are eligible, sign and file this claim with the Assessor on or before February 15, or within 30 days of the date of notice of supplemental assessment, whichever comes first. If you do not occupy or intend to occupy this parcel as your principal residence, please disregard this form.

STATEMENTS

This claim form may be used for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. Please carefully read the information and instructions on the reverse side before answering the questions listed below.

PLEASE COMPLETE

Part 1 - Ownership information: When did you acquire this property? Month ____ Day ____ Year ____.

Part 2 - Occupancy information: What is the date you occupied or intend to occupy this property as your principal place of residence? Month ____ Day ____ Year ____.

Part 3 - Claimant information: Only the owner or a co-owner occupant spouse of the above-described property (including a purchaser under contract of sale) or his or her legal representative may sign this claim. (Other co-owner occupants may wish to file separate claims, however only one exemption will be allowed.)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon is true, correct, and complete.

CLAIMANT

Name (printed): _____ SSN: _____

Signature: _____ Date signed: _____ Daytime phone: _____

SPOUSE OR OTHER CLAIMANT

If you are married and this property is both your and your spouse's principal residence, enter your spouse's social security number here (spouse's signature is optional).

Name (printed): _____ SSN: _____

Signature: _____ Date signed: _____ Daytime phone: _____

IF YOU SIGNED ABOVE AS A LEGAL REPRESENTATIVE OF THE CLAIMANT, please provide the following (if not already indicated above):

Printed name: _____ Capacity: _____ Daytime phone: _____

Part 4 - Other information

- 1. If you are buying this property under an unrecorded contract of sale and the Assessor's Office does not have a copy of the contract, please submit a copy with this claim form.
- 2. If your mailing address is incorrect, please correct it at the top of the form.

FOR MORE INFORMATION PLEASE CALL 874-7389

THIS CLAIM FORM IS NOT SUBJECT TO PUBLIC INSPECTION

FOR ASSESSOR'S OFFICE USE ONLY: [] Approved [] Denied: Reason Code [] DNR [] FISC [] SUPP [] NOCC [] OTHER