

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No:** 0401006  
**Insp Area:** 2  
Thos Bros: 338 A4  
**Sub-Type:** HSG  
Housing (Y/N):

**Site Address:** 7800 CENTER PK SAC

Parcel No: 117-0011-024 7826 CENTER PARKWAY UNITS 69/70  
Y

CONTRACTOR  
DUARTE CONSTRUCTION  
6060 KING RD  
LOOMIS 95650

OWNER  
PARKWAY VILLAGE APARTMENTS  
NEWPORT BEACH CA  
92658

ARCHITECT

**Nature of Work:** FIRE REPAIR TO APARTMENT UNITS 69 AND 70 @ 7826 CENTER PKWY. REPLACE DRYWALL, ROOF REPAIR MINOR PLUMBING ELECTRICAL

**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.

X License Class B License Number 335288 Date 1-21-04 Contractor Signature Frank R. Duarte

**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: NEW HOODS, PLUMBING AND DEVELOPMENT SERVICES

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.

X Date 1-21-04 Applicant/Agent Signature Frank R. Duarte

**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.

X  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 046-0009948 Exp Date 01/01/2004

\_\_\_\_\_, (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.

X Date 1-21-04 Applicant Signature Frank R. Duarte

**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.**

APPLICATION FOR COMMERCIAL BUILDING PERMIT

264-5987 fax  
264-1902

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #	Insp. Area
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*Applicant to complete all areas down to valuation*

ADDRESS 7826 Center Parkway, Sac Suite Unit 69  
 PARCEL # \_\_\_\_\_ # 70-cenky only

<b>CONTACT</b> Name <u>Frank Duarte</u> Street Address <u>P.O. Box 1260</u> City/State/Zip <u>Loomis, Cal</u> Phone <u>916-652-0355</u> FAX <u>916-652-3477</u> E-mail: <u>Mobil 916-257-2273</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>335288</u> Name <u>Duarte Constr.</u> Address <u>P.O. Box 1260</u> City/State/Zip <u>Loomis, Calif</u> Phone <u>916-652-0355</u> FAX <u>916-652-3477</u> E-mail: _____	
<b>ARCHITECT/ENGINEER</b> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<b>OWNER</b> Name <u>CTS Group</u> Address <u>7826 Center Parkway</u> City/State/Zip <u>Sacramento</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
1-1-200  
 → WORKER'S COMPENSATION POLICY # 9948-2004 EXPIRATION DATE: 1-1-2005

NATURE OF WORK IN DETAIL: Replace dry wall, portion of electric, Insulation, Roof Covering repair, New Plumbing Fixtures, Light Fixtures.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 40,480

FLOOD STATUS						S.C.A.T.				
JOB DESCRIPTION		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"/>
INSPECTION DISCIPLINES		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		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

RTE  
783