

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0607474

Insp Area: 2

Thos Bros: 317B2

Site Address: 4140 WARREN AV SAC

Parcel No: 016-0051-003

PAID
CITY OF SACRAMENTO

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

GARCIA-ROBLES LUCY
4140 WARREN AV
SACRAMENTO, CA 95822

ARCHITECT

MAY 23 2006
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: KITCHEN/BATH RMDL - C/O ALL CABINETRY, PLUMBING & ELECTRICAL FIXTURES

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 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

5/23/06

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

5/23/06

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

Policy Number

Exp Date

(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.

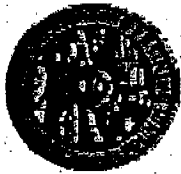
Date

5/23/06

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.

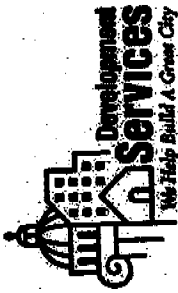
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-908-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814

Fax # 916-808-8370

North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Activity # 0607474

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 5/23/06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.

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 a fee.

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Unit # _____ Contract Price \$ 30,000

Job Address: 4140 Warren Ave
 Contact Person: John Litzo Contact Phone: _____ License # _____
 Property Owner: Lucy Garcia Robles Contractor: OP
 Address: _____ City/State/Zip: _____
 City/State/Zip: Sacramento Phone: _____ Fax: _____
 Phone: 916-247-2208

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: Remodeling kitchen, bath,

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required.	<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) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ *Design Review approval may be required.	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input 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 <input checked="" type="checkbox"/> Dry Rot or Termites Damage Repair (Describe Locations Below) *Design Review approval may be required.	<input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E NOTE: Correction Notice items will require an additional building permit.
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CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Lucy Garcia Robles
(Printed name) (Signature)

Date 5/23/08 Case No. _____ Permit No. 06074749

Job Address 4140 Warren Ave
Sac. CA 95822

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.



Fidelity National Title, a California Corporation
3015 H Street
Sacramento, CA 95816
Ph: 916-498-3100
Fx: 916-498-3107

Renee Wecker, Escrow Officer/Branch Manager renee.wecker@fnf.com

Jelisa Smith, Escrow Assistant jelisa.smith@fnf.com

facsimile transmittal

To: *Carla* Fax: *808-8370*
From: Date: *5/23/2006*
Re: Pages:
Cc:

- Urgent For review Please comment Please reply Please recycle

Notes:

confidential

RECORDING REQUESTED BY:
Fidelity National Title Company
Escrow No.: 06-1402839-RW
Locate No.: CAFNT0934-0934-0014-0001402839
Title No.: 06-1402839

THIS IS TO CERTIFY THAT THIS IS
A TRUE COPY OF THE ORIGINAL
FIDELITY NATIONAL TITLE
INSURANCE COMPANY
BY: *[Signature]*

When Recorded Mail Document
and Tax Statement To:
Lucy Garcia-Robles, Salvador Robles, Tomas
Garcia
*5543 Jerry Littell
Sacramento, CA.*

APN: 016-0051-003-0000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s)
Documentary transfer tax is \$456.50 City Tax \$1,141.24
[x] computed on full value of property conveyed, or
[] computed on full value less value of liens or encumbrances remaining at time of sale,
[] Unincorporated Area City of Sacramento,

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Carolyn M. Young, Successor
Trustee of The Colleen A. Johnson 1994 Trust dated September 21, 1994

hereby GRANT(S) to Lucy Garcia-Robles and Salvador Robles, wife and husband
and Tomas Garcia, a married man all as joint tenants

the following described real property in the City of Sacramento, County of Sacramento, State of California:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED: April 18, 2006

STATE OF CALIFORNIA
COUNTY OF Sacramento
ON 4-20-06 before me,
Renee Wecker, notary public
(here insert name and title of the officer), personally
appeared Carolyn M. Young

The Colleen A. Johnson 1994 Trust dated September 21,
1994

By: *[Signature]*
Carolyn M. Young, Successor Trustee

personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s)
is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s),
or the entity upon behalf of which the person(s) acted,
executed the instrument.



Witness my hand and official seal.
Signature Renee Wecker

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Escrow No.: 06-1402839-RW
Locate No.: CAPNT0934-0534-0014-0001402839
Title No.: 06-1402839

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF SACRAMENTO , COUNTY OF SACRAMENTO, STATE OF CALIFORNIA, AND IS DESCRIBED AS FOLLOWS:

Lot 54 of South Land Park Terrace Unit No. 5, according to the official plat thereof filed in the office of the Recorder of Sacramento County, California, on September 13, 1951, in Book 32 of Maps, Map No. 33