

CALL 264-5191 FOR INSPECTIONS

CPY

ONCE THE PERMIT IS ISSUED YOU MUST CALL FOR AT LEAST ONE INSPECTION EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

Handwritten initials

Permit issued in

2002, Please Refer

Monday.

J. Rodgers 1-2-2403

806-5916

RECEIVED
DEC 29 2003

Address: **1039 CLAIRE AV SAC** Area: 4
 Permit #: **0319694** Thomas Bros: 257 J6

Location: MAIN ADDRESS 1049 CLAIRE AV INSPECTIONS: 916-264-5191

APN: 226-0310-023 DBA: FIELD SERVICES: 916-808-5716

Owner: ZHIRY VERA V & LYUBOV PAID Sq Ft: 0

1049 CLAIRE AVE Occupancy: ??
 SACRAMENTO CA CITY OF SACRAMENTO Const Type: ??
 95838 Comp-Type: BLD_MINR
 916-628-0491 DEC 23 2003 Sub-Type: RES

Contractor: NEIGHBORHOODS, PLANNING Valuation: \$100.00
 AND DEVELOPMENT SERVICES

JOB DESCRIPTION: SMUD SAFETY INSPECTION.

Handwritten signature: J. Rodgers

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. The workers' compensation insurance carrier and policy number are:

Carrier: *Defand*

Policy Number: *03*

Date: _____ Applicant: *[Signature]*

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT 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 3700 OF THE LABOR CODE. INTEREST

PERMITTING PERMIT FEE	\$ 12,750.03	PERMIT NO.	03
PLAN CHECK/PROD. FEE	\$		
S.M.L. FEE	\$		
CONST. LICENSE TAX	\$		
CITY BUS LICENSE	\$		1
TECH. FEE	\$		
WATER DEV. FEE	\$		9
CITY SEWER DEV. FEE	\$		9
REG. SEWER FEE	\$		6
RESIDENTIAL CONST. TAX	\$		9
TOTAL			4

CityCode
Case Information Report
H020002089

December 23, 2003
Page 1 of 1



Case Report

Case Information

Case Id: H020002089 **Status Code:** C **Close Date:** 1/28/2002
Council District: 2 **Open Date:** 1/24/2002 **Disposition Code:** WJ
Sub Type: Complaint

Address

1039 CLAIRE AV
Sacramento, CA 95838-

Quarter Section: **Inspector Id:** **Apn:** 226-0140-041-0000
Geo Area Code: 4 **Technician Id:** **Pin:**
Hundred Block: **Approx Location:**
Occupancy Code: **Structure Code:** **No Structures:**
City Owned: **Zoning Code:** R-1 **No Units:** 1
Legal Desc: THE E 105 FT BLK 15 ROBLA ACRES EXC THE S 330 FT

Citizens

Relationship	Name/Address	Phone
Owner	IVAN/ELENA ILNITSKY 1110 NEAL RD SACRAMENTO CA 958381625	Home: (916)
Owner	EUGENY TIUKAENKO	Home: (916)

Activities

Activity	Begin Date	End Date	Created By	Routed To
INITIAL COMPLAINT	01-24-2002	00-00-0000	MFREITAG	GJOHNSON

Comments: TRAILER: TENANT IS MENTALLY/PHYSICALLY DISABLED. HAS NO WATER, NO HEAT, NO ELECTRICITY (FOR MONTHS). (REFERRED THIS CALL TO STATE, BUT CALLER CAROL BRITTO, 874-9829, APS, STATED THAT THE STATE WOULDN'T TAKE THE CALL, TOLD HER TO CALL CITY). P/O AND P/M NOT KNOWN. CALLER WOULD LIKE FOR INSP. TO CALL HER WITH THE STATUS OF THIS COMPLAINT.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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) Yes
2. I (have/have not) have 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 _____ Address _____

City _____ Telephone _____

Contractors License No. _____

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
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OWNER DOING THE WORK

Signed _____

Job Address 1039 CLARK AVE

Permit No: 0319694