

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0008825

Insp Area: 4

Site Address: 4217 MAY ST SAC

Parcel No: 237-0130-022

Sub-Type: RES

Housing (Y/N):

CONTRACTOR

FAMILY TYME POOLS
7925 OLD AUBURN RD
MIRIS HEIGHTS, CA 96160

OWNER

MEYER
4217 MAY STREET
SACTO, CA, 95240

ARCHITECT

Nature of Work: INGROUND SWIMMING POOL.

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 CATH 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 CB3 License Number 622846 Date 8/11/00 Contractor Signature Davian Hop

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 a 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 no more than five hundred dollars (\$500.00).

Cancelled
Refund 10/25/00 A.C.

I, as a owner of the property, or my employees who wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7034, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves the same, and who does such work for 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 contractor to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who build or improves thereon, and who contracts for such projects with a contractor whose license is issued under the Contractors License Law.

I am exempt under section _____ B & P for this reason: _____

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.

Date 8/11/00 Applicant Agent Signature Davian Hop

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 STATE FUND Policy Number 229-00 UNIT 0010603 Exp Date 10/01/2001

This section need not be completed if the project is a residential project 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 8/11/00 Applicant Signature Davian Hop

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.

To Whom it may concern. #perm 0008825R

9/12/00

Residential Swimming Pool on 4217 May St.
was cancelled please send refund for
permit to 1925 Old Auburn Rd. Citrus Heights
you was contact us at CA, 95610
(916) 722-7504

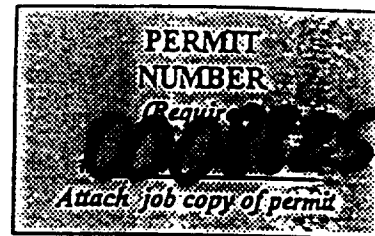
Thank you

Devinem Strong
Family Time Pools

CITY OF SACRAMENTO
PERMIT ASSISTANCE

SEP 12 2000

RECEIVED



CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RML 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 4317 May Street
DATE OF WRITTEN REQUEST: 9/12/00 DATE REQUEST RECEIVED: _____
PERMIT FOR: POOL
REASON FOR REFUND: Job cancelled
CONTRACTOR: Family Home Pools & Spas OWNER: Meyer
ADDRESS: 7925 Old Auburn Rd ADDRESS: _____
CITY/ST/ZIP: Citrus Heights, CA 95610 CITY/ST/ZIP: _____
PHONE: 916 922-7504 PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>23775.00</u>	Adj. Value	<u>23775.00</u>
BPF pd	<u>466.00</u>	BPF pd	<u>466.00</u>
PC/PPF pd	<u>150.00</u>	PC/PPF pd	<u> </u>
SMI pd	<u>2.38</u>	SMI pd	<u>2.38</u>
CBL pd	<u>9.51</u>	CBL pd	<u>9.51</u>
Tech pd	<u>24.64</u>	Tech pd	<u>24.64</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
Total Paid	<u>652.53</u>	Total Refund Amount	<u>452.53</u>

PERMIT SERVICES USE ONLY	
Job Card Attached	<input checked="" type="checkbox"/>
App. Book Marked	<input checked="" type="checkbox"/>
Permit Canceled	<input checked="" type="checkbox"/>
Supp. Paper Work	<input checked="" type="checkbox"/>
Letter Mailed	_____

REFUND PROCESSED BY: [Signature]
REFUND APPROVED BY: [Signature]

DATE: 10/25/00
DATE: 10-25-00

PLEASE ALLOW 30 DAYS FOR PROCESSING