

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0506601

Insp Area: 3

Thos Bros: 317G3

Site Address: 4608 38TH ST SAC

Parcel No: 020-0273-015

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

ESPARZA JOSE/ROSE  
3623 21ST AV  
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: BATHROOM REMODEL

**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);

JE 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 05-10-05 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 05-10-05 Applicant/Agent Signature Jose Esparza

**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:

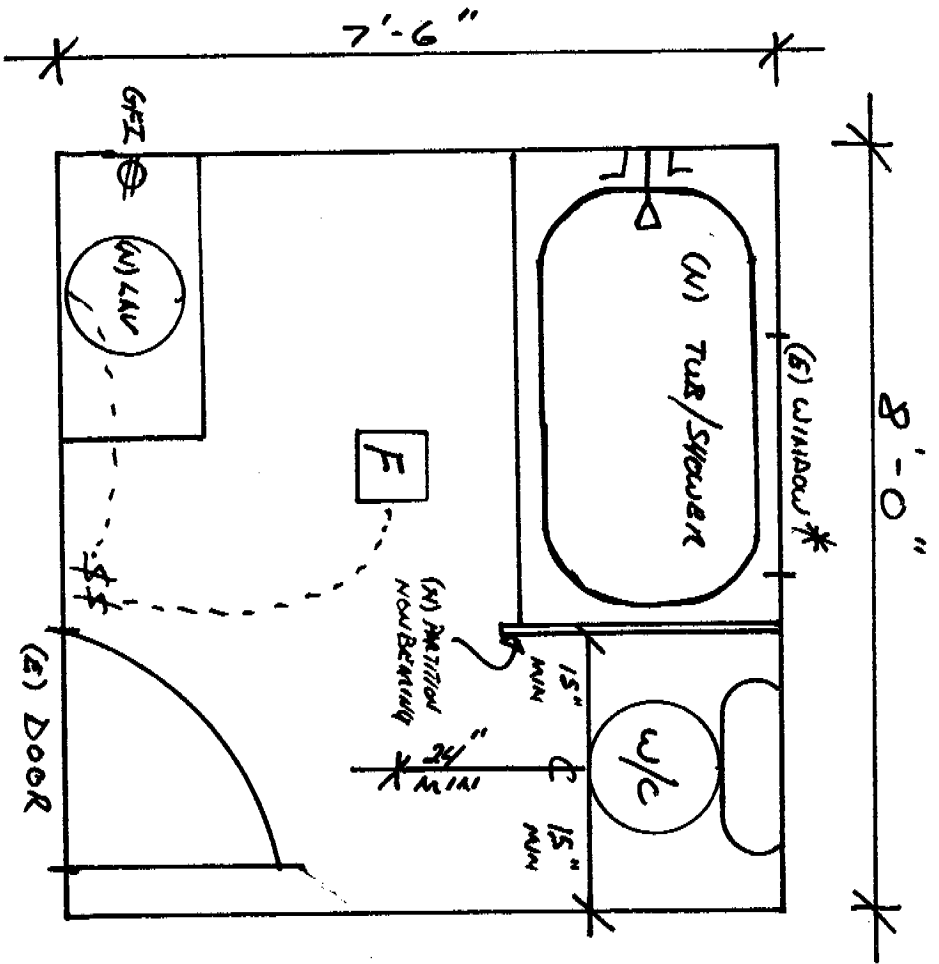
Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

JE (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 05-10-05 Applicant Signature Jose Esparza

**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.**



\* PROVIDE TEMPERED GLASS IF WITHIN 60" FROM TUB/SHOWER PAN.

F = FLORESCENT LIGHT PER T-24

Φ = GFI 20 AMP OUTLET/RXDR TILL

**SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS REQUIRING A PERMIT ARE IN EXCESS OF \$1,000 OR WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP R)**

4608 38<sup>TH</sup> ST

SCOPE OF WORK:  
BATHROOM REMODEL  
UPGRADE ALL FIXTURES  
ADD NEW TUB/SHOWER  
WITH NEW NON-BEARING  
PARTITION WALL.

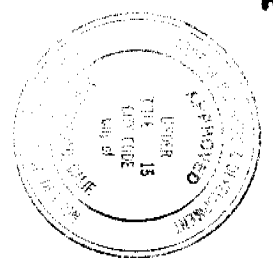
1/2" = 1'-0" SCALE

ISSUED

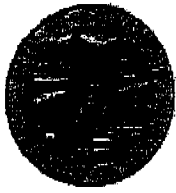
MAY 2 2006

THE APPROVAL OF ALL PLUMBING MECHANICAL AND ELECTRICAL IS SUBJECT TO FIELD INSPECTIONS

**CITY COPY**



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.  
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.



CITY OF SACRAMENTO  
 PLANNING & BUILDING DEPARTMENT  
 BUILDING DIVISION  
 www.cityofsacramento.org



Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-5191

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

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

PRELIMINARY RESIDENTIAL APPLICATION  
 1-916-808-5656 OR 1-866-EZ-PERMIT

4608 38TH ST		3R
BUILDING SITE ADDRESS	SUITE	INSP. AREA
020-0273-015		
4608 38TH ST SACRAMENTO, CA		0506601
ASSESSOR'S PARCEL NO.	COMMUNITY PLAN NO.	PLAN CHECK NO.

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE #	FAX #
JOSE ESPARZA	3623 21ST AVE SAC.	95820	4554209	
PROPERTY OWNER				
JOSE ESPARZA	SAME			
LICENSED CONTRACTOR		LICENSE #:		
ARCHITECT/ENGINEER				

No. of Stories	No. of Rooms	Roof Covering	Area 1 <sup>st</sup> Floor	Total Area	Garage Area	Patio Area

THIS PERMIT IS FOR:

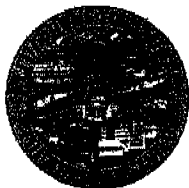
- BUILDING    MECHANICAL    PLUMBING    ELECTRICAL    SITE    FIRE

NATURE OF WORK IN DETAIL

BATHROOM REMODEL

\$ 1,500<sup>00</sup>  
 VALUATION

12/28/2004



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677

**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 *Ami Egan*

Date 5/10/05 Case No. N/A Permit No. 0506601

Job Address 4608 3<sup>RD</sup> ST

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