

Building Permit

City of Sacramento



Inpection Request # (916) 264-7622

Office Use Only

ISSUED

CITY OF SACRAMENTO

NOV 06 2005

Permit No: 0519141
Date Issued: 12/1/05
Total Amount: \$7299
Insp Area #: 7

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 2359 GROVE AVE SAC 95815
Nature of Work: WATER HEATER C/O

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.)

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...

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)...

I, as 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 Professions Code)...

The Contractors License Law does not apply to an owner of property who builds or improves the structure, but who does not work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale...

Date: 12-6-05 Owner Signature

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvements to be constructed show compliance with all applicable laws, codes, ordinances, rules, regulations, and agreements...

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 above-referenced property for inspection purposes.

Date: 12-6-05 Applicant/Agcn. Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury that I am not one of the following definitions: I have and will maintain a certificate of insurance to self-insure for workers' compensation...

I have and will maintain a certificate of insurance to self-insure for workers' compensation as required by Section 3700 of the Labor Code, for the performance of the work for which the permit is issued. My workers' compensation insurance carrier and policy number are: Carrier: STEEL FUND, Policy Number: 806639-2006, Effective Date: 11-06

(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 I shall become subject to the workers' compensation provisions of Section 3700 of the Labor Code. I shall forthwith comply with the provisions of Section 3700 of the Labor Code.

Date: 12-6-05 Applicant Signature

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS A CRIMINAL OFFENSE UNDER PENALTY LAWS AND SUBJECT TO CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COVERAGE, DAMAGES AND ATTORNEY'S FEES.

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

PAID CITY OF SACRAMENTO

BEG # 7 2005

NEW CITY HALL

TRANSMISSION VERIFICATION REPORT

TIME : 12/07/2005 12:24  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BRDH4J832840

DATE, TIME 12/07 12:23  
 FAX NO./NAME 95878468  
 DURATION 00:01:02  
 PAGE(S) 02  
 RESULT OK  
 MODE STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0523351

TRANSACTION DATE: 12/07/2005  
 TRANSACTION AMOUNT: 78.99  
 NOTATION:

APD #: **0519141**  
 SITE ADDRESS: 2359 GROVE AV SAC  
 PARCEL: 275-0025-001

TYPE: Bldg Minor Permit  
 SUB-TYPE: RES  
 HOUSING: N  
 STATUS: **ISSUED**

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		78.99

RECEIPT ACCOUNT ITEM LIST

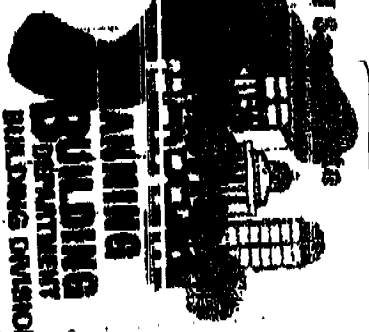
Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.40	.00	.40
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

275-0025-001

051914

### FAXBACK PERMIT APPLICATION

(certain restrictions apply)



Request received in this office before 3:00 p.m. will be processed the following work day. Contractor must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Units & Estimate: 2354 GROVE AVE SAULT WA 98145

Parcel Number: CONTACT PERSON: IRENE CHAVEZ, BUILDING CONTACT PHONE: 987-4070 License # 846378

Property Owner: SABLE T. SABLE Contractor: MIKE LOZANO Address: 1950 LEE SCHOOL X RD License # 846378

City/State/Zip: SABLE Phone: 910-287-2100 City/State/Zip: WILTON, CA 95693 Fax: 910-287-8467

NATURE OF WORK: (Provide detailed description of work & indicate type of work in sections below.)

with PAUSE BUS

<input type="checkbox"/> RECORD (excluding bills) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Roof removal <input type="checkbox"/> Chim <input type="checkbox"/> Heat pump or stand unit to gas <input type="checkbox"/> Vent Surfaces <input type="checkbox"/> Other (list on the back)	<input checked="" type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Reproduct	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE <input type="checkbox"/> REPAIR <input type="checkbox"/> Flooding/Leak <input type="checkbox"/> Roof/Chimney <input type="checkbox"/> Structural <input type="checkbox"/> Other (list on the back)	<input type="checkbox"/> MAJOR ELECTRIC and/or MAJOR PLEBSING <input type="checkbox"/> Electric Service Change # wires <input type="checkbox"/> New electric wires <input type="checkbox"/> Repairs <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Rep-paints <input type="checkbox"/> Window <input type="checkbox"/> Wall
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