

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9712204
Insp Area: 2

Site Address: 5701 LERNER WY SAC
Parcel No: 1180081023

CONTRACTOR

OWNER

ARCHITECT

Phone:

WILLIAMS SHAWN
5701 LERNER WY
SACRAMENTO CA
Phone: 916-391-7709

95823

Phone:

Nature of Work: CHANGE USE SFR TO RES CARE FACILITY & FIRE ALAR

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.

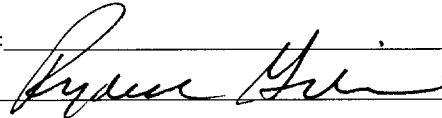
License Class _____ License Number _____ Date _____ Contractor Signature _____

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 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 or 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 or she did not build or improve for the purpose of sale.)

ppg 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 *x* 8-29-97 Owner Signature *x* 

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.

Date _____ 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 _____

____ (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 *x* 8-29-97 Applicant Signature *x* 

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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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 JEFF'S ELECTRIC Address 8006 33rd Ave
City SACRAMENTO, CA Telephone 383-6424
Contractors License No. # 705 009

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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<u>N/A</u>			
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Signed Paul Gibson

Job Address 5701 LERNER WAY, SACRTO 95823 Date 8-29-97

Permit No.: _____

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees who cannot and applicants who anticipate that they cannot be continuously present at the facility shall use this form to delegate the above authority to the administrator or other appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name CORNERSTONE YOUTH HOMES Date 10-08-96

Facility Number _____

Facility Address 5701 Lerner way Sacto., Ca. 95823 Phone TBN

City Sacramento County Sacramento

I designate Rydell Gibson (Administrator) as administrator, manager, or agent of the above-named facility. He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

I (We) shall notify the Licensing Agency in writing, within 10 days of any change in the above authorization. Residential Care Facilities for the Elderly shall comply with Section 87563 regarding this requirement. Day care centers shall comply with Section 101312 regarding this requirement, other licensed facilities shall comply with Section 80064.

Shaun R. Williams
Signature of applicant(s)/licensee(s)

Executive Director
Title

372 Florin Rd #285
Address

Sacto., Sacramento 95831
City County Zip

FACILITY SKETCH (Yard)

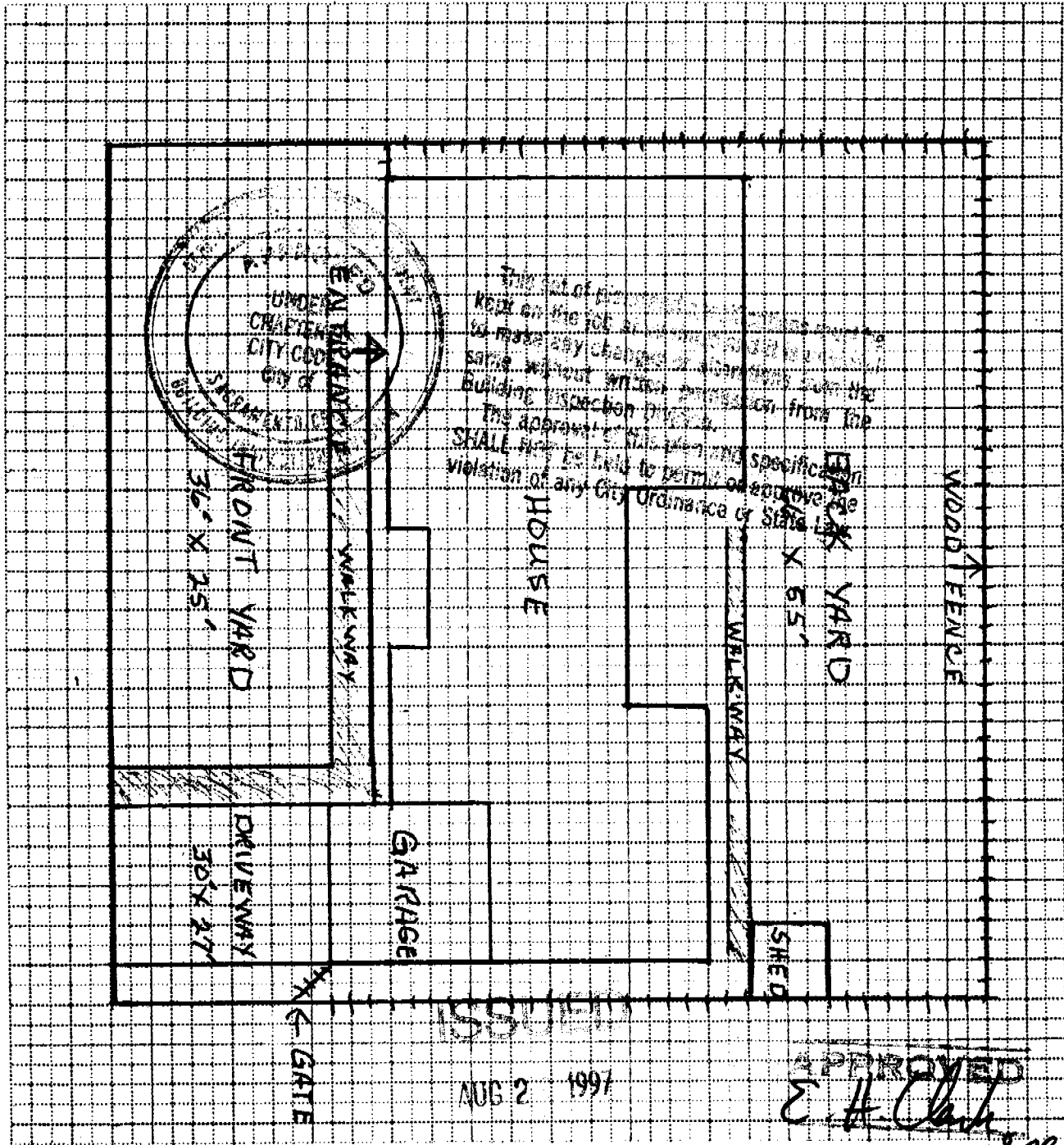
The Yard Sketch should show all buildings in the yard including the home (with no detail), garage and storage building. Include walks, driveways, play area, fences, gates. Show any potential hazardous area such as pools, garbage storage animal pens, etc. Show the overall yard size. Try to keep the sizes close to scale. Use the space below.

FACILITY NAME:

CORNERSTONE YOUTH HOMES INC.

ADDRESS:

6701 LERNER WAY, SACRAMENTO, CA 95820



AUG 2 1997

APPROVED
E. H. Clark

8-29-97

Sacramento Building Division

SACRAMENTO
FIRE DEPARTMENT

97-12204C

FACILITY SKETCH (Floor Plan)

Applicants are required to provide a sketch of the floor plan of the home or facility and outside yard. The Floor Sketch must label rooms such as the kitchen, bath, living room, etc. Circle the names of the rooms that will be used by clients/children. Door and window exits from the rooms must be shown in case of an emergency (see Emergency Disaster Plan). Show room sizes (e.g. 8.5 12). Keep close to scale. Use the space below. See back for yard Sketch.

FACILITY NAME:

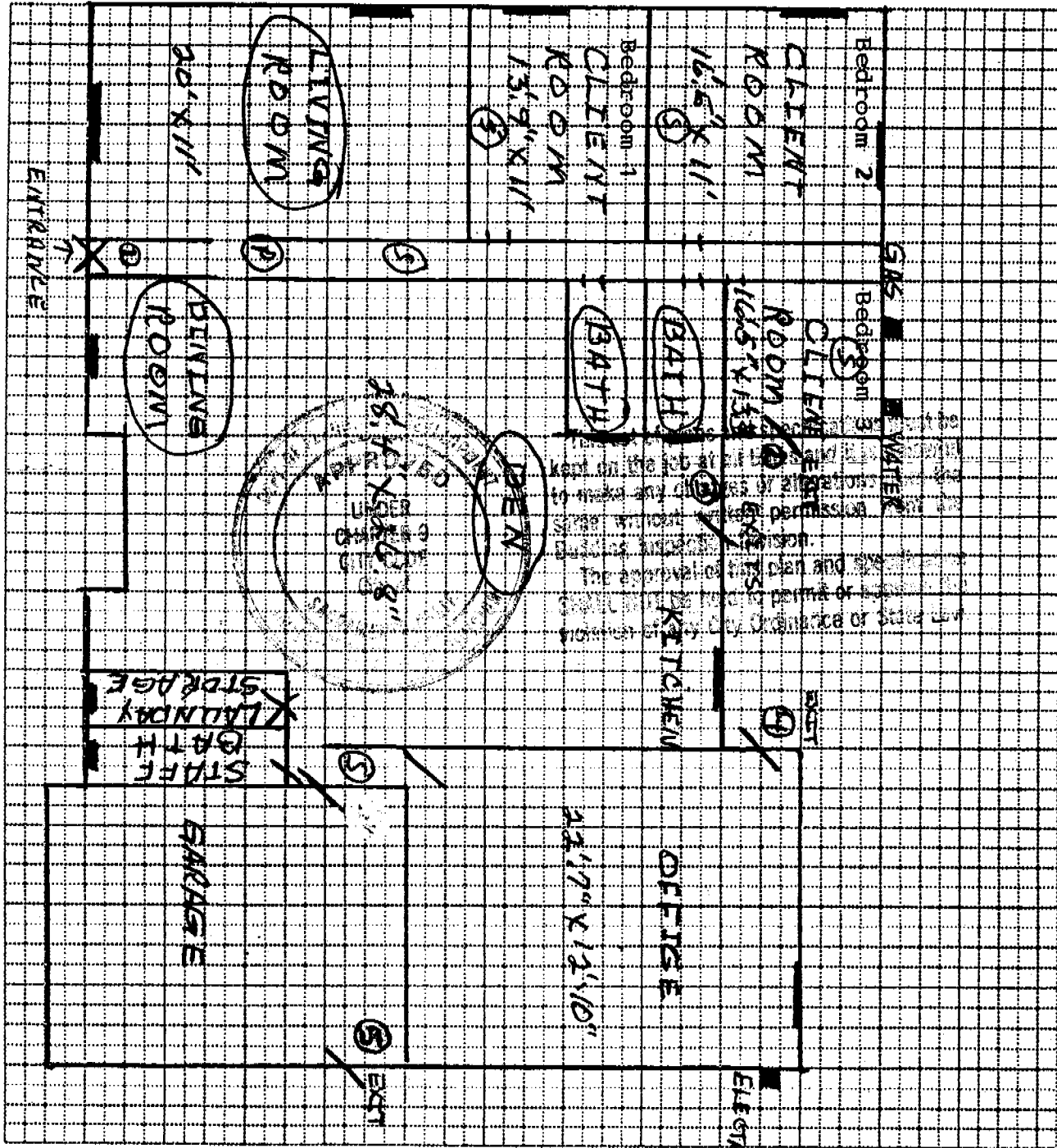
CORNERSTONE YOUTH HOMES INC.

ADDRESS:

5701 LERNER WAY, SACRAMENTO, CA 95823

(2) Two clients per bedroom

(M)



FRONT (S)
P-Full Station
S-Smoke Alarm

(N)

(E)