

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0511155

Insp Area: 2  
Thos Bros: 317B1

Site Address: 1170 13TH AV SAC  
Parcel No: 017-0042-008

Sub-Type: RES  
Housing (Y/N): N

CONTRACTOR  
STEVE ANDERSONS PLUMBING INC  
5930 STANLEY AV  
CARMICHAEL CA 95608

OWNER  
CHARLOTTE SMITH  
PO BOX 620691  
WOODSIDE,, CA 94062

ARCHITECT

Nature of Work: PAPERLESS PERMIT- WATER SERVICE REPLACEMENT.

**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 C36 License Number 545965 Date 7/28/05 Contractor Signature [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 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 \_\_\_\_\_ 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 above mentioned property for inspection purposes.

Date 7/28/05 Applicant/Agent Sign [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one or 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 \_\_\_\_\_

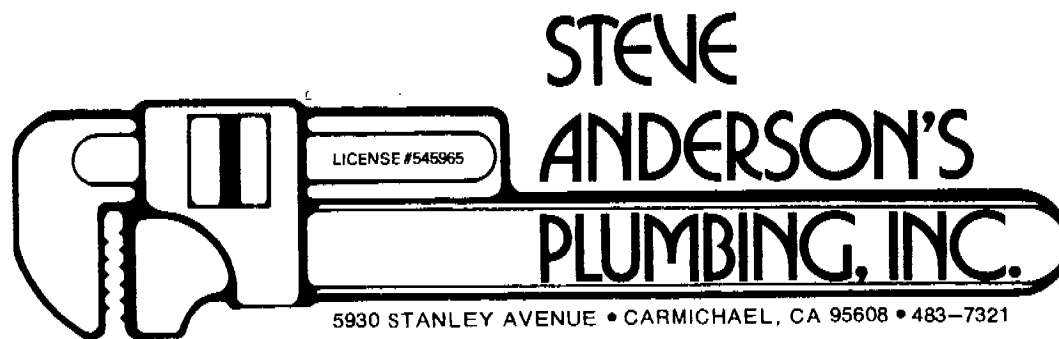
Carrier CLARENDON NAT'L Policy Number 01KR0015769 Exp Date 01/01/2006

(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 7/28/05 Applicant Signature [Signature]

**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.**



July 28, 2005

City of Sacramento  
Development Services Division  
Permit Department

I, Steve Anderson, authorize Larry Bain to apply for and pick up permit for  
1170 13<sup>th</sup> Avenue, Sacramento, CA. – Water Service Replacement.

Thanking you in advance,

A handwritten signature in black ink, appearing to read 'Steve Anderson', is written over a horizontal line.

Steve Anderson, President  
Steve Anderson's Plumbing, Inc.



July 28, 2005

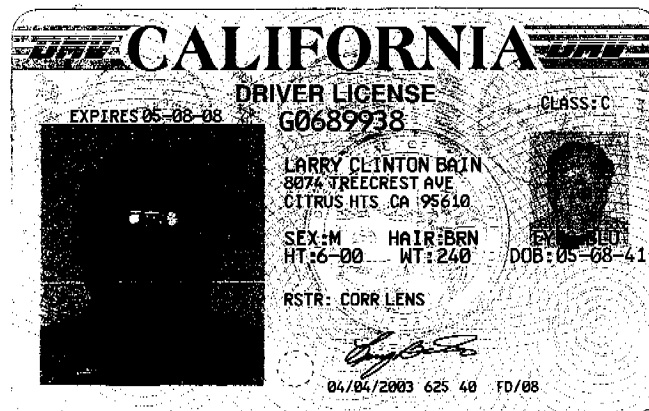
City of Sacramento  
Development Services Division  
Permit Department

I, Steve Anderson, authorize Larry Bain to apply for and pick up permit for  
1170 13<sup>th</sup> Avenue, Sacramento, CA. – Water Service Replacement.

Thanking you in advance,

A handwritten signature in black ink, appearing to read 'Steve Anderson', written over a horizontal line.

Steve Anderson, President  
Steve Anderson's Plumbing, Inc.



<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID GR <b>STEVE-1</b>	DATE (MM/DD/YYYY) <b>07/27/05</b>
PRODUCER <b>InterWest Insurance Services</b> Capitol Division P.O. Box 255188 Sacramento CA 95865-5188 Phone: 916-488-3100 Fax: 916-488-3492		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
<b>Steve Anderson Plumbing Inc.</b> 5930 Stanley Avenue Carmichael CA 95608		INSURER A: <b>Golden Eagle Ins Corp</b>	
		INSURER B: <b>Preferred Employers Ins Co</b>	
		INSURER C: <b>Arch Specialty Insurance Co</b>	
		INSURER D:	
		INSURER E:	

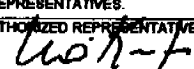
**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ROD/L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
C	X	<b>GENERAL LIABILITY</b>	<b>39PCGL001882</b>	<b>01/01/05</b>	<b>01/01/06</b>	EACH OCCURRENCE	<b>\$ 1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)	<b>\$ 5,000</b>
						PERSONAL & ADV INJURY	<b>\$ 1,000,000</b>
						GENERAL AGGREGATE	<b>\$ 2,000,000</b>
						PRODUCTS - COMP/OP AGG	<b>\$ 2,000,000</b>
A	X	<b>AUTOMOBILE LIABILITY</b>	<b>CBP9803869</b>	<b>01/01/05</b>	<b>01/01/06</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$ 1000000</b>
		ANY AUTO					
		BODILY INJURY (Per person)				\$	
		BODILY INJURY (Per accident)				\$	
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
B		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	<b>WKN101509-5</b>	<b>01/01/05</b>	<b>01/01/06</b>	WC STATUTORY LIMITS	OTHER
		E.L. EACH ACCIDENT				<b>\$ 1000000</b>	
		E.L. DISEASE - EA EMPLOYEE				<b>\$ 1000000</b>	
		OTHER				E.L. DISEASE - POLICY LIMIT	<b>\$ 1000000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Re: Operations of the Named Insured. \*Included in the General Aggregate. \*\* 10 day notice of cancellation for non payment of premium. Certificate holder is named additional insured per form RRIC-CGL-E6 (5/02).

<b>CERTIFICATE HOLDER</b>  CIT1231  City of Sacramento Building Dept Permits 1231 I Street, Ste 300 Sacramento CA 95814	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE 
--	---

**THIS ENDORSEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY**

**BLANKET ADDITIONAL INSURED**

It is agreed coverage is provided to the **additional insured(s)** named in this endorsement as follows:

1. As respects liability covered under section a only, section II of the policy (who is an insured) is amended to include any person or organization that the **named insured** has agreed in an **insured contract** to name as an additional insured provided the **bodily injury or property damage** first takes place after the execution of the insured contract and the **bodily injury Or property damage** arises from **your work** performed during the **policy period**.
2. The applicable limit of our liability shall not be increased by the inclusion of any number of additional insureds.
3. Other than as expressly modified herein, coverage for the additional insured is governed by the terms and conditions of this policy, including the insuring agreements.
4. The coverage provided for additional insured(s) is only to the extent of and in the proportion the additional insured is held liable for the negligence or strict liability/conducts/acts of the named insured. No coverage is provided for liability to the extent based upon the acts, errors or omissions of the additional insured.

All other terms, conditions and exclusions remain unchanged

051155



DATE: 7/28/05

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL  APARTMENTS  COMMERCIAL (limited)  
JOB ADDRESS: 1170 13th Avenue, Sacramento, CA UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 1250.00  
 CONTACT PERSON: Chris labor  CONTACT PHONE: 916-837-1123

Property Owner: Charlotte Smith  
Address: P. O. Box 620691  
City/State/Zip: Woodside, CA 94062  
Contractor: Steve Anderson's Plumbing License # 545965  
Address: 5930 Stanley Avenue  
City/State/Zip: Sacramento, CA 95608  
Phone: 916-483-7321 FAX: 916-483-2056

**NATURE OF REQUEST:** Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE GARAGE <input type="checkbox"/> SQUARES Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> shocco	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ _____ Cur-in: \$ _____	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amp <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input checked="" type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
---	---	---	---	--

**DESCRIPTION OF WORK:**

Water Service Replacement