

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603246
Insp Area: 4
Thos Bros: 277G5

Site Address: 2771 NORWOOD AV SAC
Parcel No: 263-0122-012

PAID
CITY OF SACRAMENTO
MAR 10 2006

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

CONTRACTOR

OWNER
LONG MAGGIE L
8020 LIVORNA WY
FAIR OAKS, CA 95628

NEW CITY HALL

ARCHITECT

Nature of Work REPAIR WATER DAMAGE / DRY ROT TO PORCH, WINDOW AREAS, WALLS, CEILINGS REPLACES SHEETROCK AND SOME MISSING
SIDING-SHINGLES - REPLACE DAMAGED DOORS AND CABINETS, AND REPLACE FRONT WINDOWS

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 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 10 Mar 06 _____ Owner Signature *Maggie L Long*

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 _____ 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.

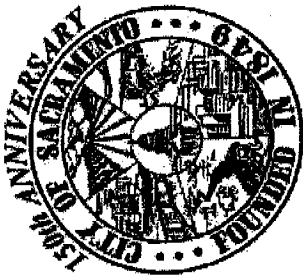
____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____ Exp Date _____

____ (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 _____ Applicant 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.



PAID
CITY OF SACRAMENTO
MAR 10 2005
NEW CITY FAX

DATE: 10 March 06
0603246
AREA 27

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.

HAL 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 (+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 2771 Newwood ave

UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: Gene Long

CONTACT PHONE: 916 607-3392

Property Owner: Gene Long License # _____
Address: 2771 Newwood Ave 8020 Livorno Way
City/State/Zip: FAIR OAKS CA 95628
Phone: 916 607-3392 FAX: _____

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

REROOF (excluding tile)
 TEAR-OFF
 RESHEET
 HOUSE GARAGE
 # SQUARES: 600
 Material:
 SIDING
 wood
 T-111
 Horiz
 vinyl
 stucco
 Note: Design Review approval may be required in certain areas.

HVAC INSTALLATIONS (residential ONLY)
 CHANGE-OUT NEW
 Heat Pump
 Package
 Split system
 Roof mount
 Cut-in
 Heat pump or elect. unit to gas.
 Wall furnace
 Other (describe below)
 Value of duct work: Equipment: \$ _____
 Cut-in: \$ _____
 Note: Design Review approval may be required for rooftop units.

WATER HEATER (residential ONLY)
 GAS ELECTRIC
 Change-out
 Electric to Gas
 Relocate
 New
 DRY ROT OR TERMITE DAMAGE REPAIR
 (Describe locations below)
Replace water damage dry rot in porch and roof underlayment; also water stains
 Note: Design Review approval may be required in certain areas. Shingles

MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)
 Electric Service Change # amps
 New electric circuits
 Re-wire
 Water Service Replacement
 Sewer Service Replacement
 Gas Line Replacement
 Re-plumb Water Waste

PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY)
 SMUD
 PGE
 *NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: Repair/replace water damage / dry rot in porch and roof areas; also water staining; Repair/replace of electrical wiring; replace main electrical panel; damaged doors and cabinets - Replace front door; also water damage; also water stains

City of Berwyn
 Planning & Zoning Department
PLANNING PERMIT FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2771	APN: 2630122012
DEED AREA/PLD/MD: [unclear] North Dept. Review	ZONING: R-1
EXISTING LAND USE: [unclear]	
PROPOSED USE: Exterior Dry Rot Repairs	
PLANNING STAFF WILL REVIEW ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review required.
<input type="checkbox"/>	Use is NOT allowed in this ZONING OFF-subject for plan check.
<input type="checkbox"/>	Requires APPLICABLE CODES: FC, LA, EC, ED, DR, PB
<input type="checkbox"/>	Required Planning Department approval before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) ONLY APPROVED. File Number: [unclear] Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) NOT APPROVED. File Number(s): [unclear] ORC Approved: 10-06 Building permit must comply with approved plans and comply with all conditions of approval.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards prior to issuance of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: Applicant proposes to make necessary dry rot repairs to fascia board, porch rafters and siding. All repairs to match existing. Front upstairs window to be replaced with gridded style vinyl window.	
DATE: 3-10-06	BY: Diana Parker



PAID
CITY OF SACRAMENTO

MAR 10 2006

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION

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

NEW CITY HALL

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 Maurice Eugene Long

Date 10 Mar 06 Case No. _____ Permit No. 060-3246

Job Address 2771 Norwood Ave, N.S., Ca

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