

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0010601**

**Insp Area: 3**

**Site Address: 5690 55TH ST SAC**

**Parcel No: 027-0011-011**

**Sub-Type: RES**

**Housing (Y/N): N**

**CONTRACTOR**

RUBIN SANCHEZ  
3845 33RD ST  
SAC, CA 95815

**OWNER**

CUFUAS  
5690 55TH ST  
SACRAMENTO CA 95824

**ARCHITECT**

**Nature of Work: RPLC STOLEN BREAKERS T/O REROOF W 20 YR COMP**

**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 C License Number 764836 Date 9/11/2000 Contractor Signature Rubin Sanchez

**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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9/11/2000 Applicant/Agent Signature Rubin Sanchez

**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 work is for a residential project.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any capacity 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 9/11/2000 Applicant Signature Rubin Sanchez

**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.**



Address not on file verify or provide parcel #

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

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

DATE: 9/6/2000

14+D04

Sep 16 11:02 AM

Parcel # 027-0011-011  
5690 55th St

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

JOB ADDRESS: 5590 55th STREET SACT, CA 95824 UNIT # 1

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

CONTACT PERSON: Ruben

CONTACT PHONE: cell # 916-801-4100

Property Owner: TOMAS & ALICIA CUEVAS  
Address: 4135 ANAPOLA WAY  
City/State/Zip: SACTO, CA 95823  
Phone: (916) 395-0708

Contractor: RUBEN SANCHEZ  
Address: 3845 33rd Street  
City/State/Zip: SACTO, CA 95820  
Phone: (916) 739-1060 FAX: Same number  
License # 764830

NATURE OF REQUEST:

Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE #SQUARES 16 Material: 20 yr GMD <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	<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"/> Cut-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: \$ Cut-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 TERMITE DAMAGE REPAIR (Describe locations below)	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input checked="" type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input 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 checked="" type="checkbox"/> SSMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
--	---	--	--	--

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required for rooftop units.

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required in certain areas.

DESCRIPTION OF WORK: RE-RACKING STOLEN BRACKETS (2) PANEL - NO DRY ROT TAKE OUT OF ROOF & PUTTING ON NEW 20 YR GMD - HUD 803K JOB

# MESSAGE CONFIRMATION

09/11/00 08:01  
ID=DEVELOPMENT SERVICES

NO.	MODE	BOX	GROUP
954	TX		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
09/11 08:00	00'52"	916 7391060	000/001	NO		9090



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restriction)  
Fax # 916-264-1901  
Faxed request must be received in this office by 3:00 p.m. to be processed.  
Note: Contractors must have a current certificate of Worker's Comp  
Note: Work started before a Building Permit is issued will be subject to

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION

RESIDENTIAL  APARTMENTS (4+ units per building)  COI

JOB ADDRESS: 6590 55<sup>th</sup> STREET SGT. A 95824 UNIT # 1 →

→ CONTACT PERSON: \_\_\_\_\_ → CONTACT

Property Owner: TOMAS & ALICIA QUEJAS  
Address: 4135 ANANDA DR  
City/State/Zip: SACRO, CA 95823  
Phone: (916) 395-0708  
Contractor: PERRELL  
Address: 3845 3  
City/State/Zip: SACRO, CA  
Phone: (916) 737-104

NATURE OF REQUEST: \_\_\_\_\_ Indicate from the selections below & provide details under description

REROOF (excluding tile)

TEAR-OFF

RESHEED

HOUSE  GARAGE

SQUARES 16

Material: 20 yr gend

SIDING

wood

T-111

Horiz

vinyl

stucco

5590 55<sup>th</sup> STREET IN NOT  
IN OUR SYSTEM

Verify Address + provide  
Parcel #

Note:  
Design Review approval may be  
required in certain areas.

required for roofing work.

required in certain areas.

DESCRIPTION OF WORK: RE-ROOF STUCCO WALLS @ PERRELL - 100-1  
4600 20 YR ROOF - HUD 203K JOB