

CITY OF SACRAMENTO

Permit No: 9802436

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 4409 EUCLID AV SAC

Sub-Type: RES

Parcel No: 0160323008

Housing (Y/N): N

CONTRACTOR

GRIFFIN ELECTRIC INC
4322 ORANGE GROVE AV
SACRAMENTO CA
Phone: 916-971-0532

95841

OWNER

CAMERON PATRICIA K/PAUL R
4409 EUCLID AV
SACRAMENTO CA
Phone:

95822

ARCHITECT

Phone:

Nature of Work: SERVICE CHANGE-FIRE DAMAGED

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-10 License Number 475369 Date 3-26-98 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 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.)

____ 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.

Date 3-26-98 Applicant/Agent Signature [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 Allstate Ins. Co. Policy Number WCC1NNC02138

____ (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 3-26-98 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.



PERMIT NUMBER
(Required)
#9802436R
Attach job copy of permit

CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RM. 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 4409 EUCLID AVE.
DATE OF WRITTEN REQUEST: 4-6-98 DATE REQUEST RECEIVED: 4-15-98
PERMIT FOR: MINOR ELECTRICAL REPAIR.
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: GRIFFIN ELECTRIC INC. OWNER: PATRICIA CAMERON
ADDRESS: P.O. Box 418442 ADDRESS: 4409 EUCLID AVE.
CITY/ST/ZIP: SACTO. CA. 95841 CITY/ST/ZIP: SACTO. CA. 95822
PHONE: (916) 971-0532 PHONE: (916) 446-3568

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: ATTN: KATHY LANDRITH

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID

AMOUNT TO BE REFUNDED

Permit Value 1500.00
BPF pd 89.00
PC/PPF pd 19.00
SMI pd 0
CBL pd 60
Tech pd 432
Other
Other
Other
Other
Other
Other
Other
Total Paid 112.92

Adj. Value 1500.00
BPF pd 89.00
PC/PPF pd 0
SMI pd 0
CBL pd 60
Tech pd 432
Other
Other
Other
Other
Other
(Comm/Res Adman) (-30.00) (-50.00)
Total Refund Amount 63.92

PERMIT SERVICES USE ONLY	
Job Card Attached	<input checked="" type="checkbox"/>
App. Book Marked	<input checked="" type="checkbox"/>
Permit Canceled	<input checked="" type="checkbox"/>
Supp. Paper Work	<input checked="" type="checkbox"/>
Letter Mailed	<input type="checkbox"/>

REFUND PROCESSED BY: [Signature]
REFUND APPROVED BY: [Signature]

DATE: 4-20-98
DATE: 4-20-98

PLEASE ALLOW 30 DAYS FOR PROCESSING