CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0611098
Insp Area: 4
Thos Bros: 277C4

Site Address: 500 DEL VERDE CR SAC St: UNIT 6
Parcel No: 225-0900-007

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

CONTRACTOR

OWNER
WHITE MARIE
500 DEL VERDE CIR #6
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: BATHROOM REMODEL IN CONDO UNIT #6 (C/O TOILET & TUB)

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'sAddress_____

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);

mw
____ 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 7-24-06 Owner Signature Marie White

PAID
CITY OF SACRAMENTO
JUL 24 2006
NEIGHBORHOOD SERVICES
AND DEVELOPMENT

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 abovementioned property for inspection purposes.

Date 7-24-06 Applicant/Agent Signature Marie White

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 7-24-06 Applicant Signature Marie White

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.~~

Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

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 Marie White / Marie White
(Printed name) (Signature)

Date 7-24-06 Case No._____ Permit No. 0611098

Job Address 500 Del Verde Circle #6 Sacramento CA 95833

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

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Development Services
We Help Build A Great City

Fax # 916-808-1901 | Downtown Permit Center, New City Hall, 915 I Street, 3rd Floor, Sacramento, CA 95814 | North Permit Center, 2101 Arena Blvd., Suite 200, Sacramento, CA 95834 | Fax # 916-808-8370

Activity # _____

FAXED PERMIT APPLICATION

(certain restrictions apply)

Date: 7-24-06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
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 PROVIDE:

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

Job Address: 500 Del Verde Circle #6 Unit # _____ Contract Price $ 3000.00
Contact Person: Same
Property Owner Marie White Contact Phone: _____
Address: 500 Del Verde Circle #6 Contractor: _____ License # _____
City/State/Zip: Sacramento CA 95833 Address: _____
Phone: 916 921-5873 City/State/Zip: _____
Nature of Work: (Provide detailed description of work & indicate type of work in selections below). Phone: _____ Fax: _____
Description of Work: Bathroom remodel

☐ Reroof (excluding tile)
- ☐ Tear-Off
- ☐ Resheet

☐ House ☐ Garage

Stories: _____

Squares: _____

Material: _____
- ☐ Siding
- ☐ Wood
- ☐ T-111
- ☐ Horiz
- ☐ Vinyl
- ☐ Stucco

*Design Review approval may be required.

☐ 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: $ _____

* Design Review approval may be required.

☐ Water Heater
(Residential Only)

☐ Gas ☐ Electric
- ☐ Change-out
- ☐ Electric to Gas
- ☐ Relocate
- ☐ New

☐ Dry Rot or Termite Damage Repair
(Describe Locations Below)

*Design Review approval may be required.

☐ 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
- ☐ PG&E

♦ NOTE: Correction Notice items will require an additional building permit.