Sep. 5. 2003 ON THE REMURED ON SLUMBING SMOKE DETECTORS WHE REQUIRED ON ADDITIONS LUMBING WHEN ALTERATIONS, REPAIRS OR ADDITIONS OF REQUIRING A PERMIT ARE IN EXCESS OF REQUIRING ONE OR MORE SLEEPING \$1,000 OR WHEN ONE OR CREATED (GROUP R) FRY OF SACROUP IS

Building Plan

| CITY OF SAGREGISTIC | MINISTER STATE OF THE STATE OF |
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| | ****** Office Use Only *********** |
| | Pullding Division |
| and the second second | Permit No: |
| | Date Issued: 1700107 |
| ANNING | Total Amount: 17-10 |
| RUILDING | anamananananan 131 Till in the Tulinguing +++++++++++ |
| BUILDING DIVISION | Sua Address 2025 |
| (916) 808-BLDG (2534) | Natura of Work: Water Water Change Ont |
| | • |
| | |
| CONSTRUCTION LENDING AGENCY: I hereby affin | m under penalty of perjury that there is a construction lending agency for the performance of |
| | |
| | |
| ICENSED CONTRACTORS DECLARATION I | hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 |
| commensing with section 7000) of Division 3 of the Business a | Date OKA Signature |
| | |
| OWNER-BUILDER DECLARATION: I hereby affirm | under penalty of perjury that I am exempt from the contractors License Law for the following |
| | |
| | |
| pasis 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 |
| | |
| | ENDER I INDRES I BECHANDS DAL BUIDLY ID BU DWIEL OF DIONOLLY ALLA ARISA AL HIDSIA I MENASHIN ALLA |
| | |
| the building or improvement is sold within one year of completi | on, the owner-builder will have the burden of proving that he/she did not build or improve for |
| the purpose of sale.) | work transport to constitute the project (Sec. 7044, Business and Professions Code: |
| I, as owner of the property, am exclusively contraction | perty who builds or improves thereon, and who contracts for such projects with a contractor(s) |
| Received pursuant to the Contractors License Law). | |
| I am exempt under Sec B & | k PC for this reason! |
| | |
| | |
| IN ISSUING THIS RUILDING 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 ac- | companying drawings and that the improvement to be constructed does not violate any law or |
| | Permit No:03 3 4 90 Date Issued: Total Amount: Total Amount: Plaus Fill in the Following *********************************** |
| imbronement of the arotation of sub bunkle agreement resemble | to the state of th |
| I certify that I have read this application and state that all infort | matten 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 the city to after about the appropriate higher to make the base of the city |
| Date 9/5/03 Applicant/Age | |
| Ualle | |
| | eni Signature |
| WORKER'S COMPENSATION DECLARATION: | ent Signature |
| I have and will maintain a certificate of consent to | I hereby affirm under penalty of parjury one of the following declarations: o 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 is | I hereby affirm under penalty of perjury one of the following declarations: o self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for saued. The section of the Labor Code, for the performance of the work for which the performance of the work for which |
| the performance of work for which the permit is is I have and will maintain workers' compensation ins this permit is issued. My workers' compensation in | I hereby affirm under penalty of perjury one of the following declarations: o self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for saued. The section of the Labor Code, for the performance of the work for which the performance of the work for which |
| the performance of work for which the permit is is I have and will maintain workers' compensation ins this permit is issued. My workers' compensation in State Fund | I hereby affirm under penalty of perjury one of the following declarations: a self-insure for workers' dompansation as provided for by Section 3700 of the Labor Code, for self-insure for workers' dompansation as provided for by Section 3700 of the Labor Code, for the performance of the work for which insurance carrier and policy number are: |
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| the performance of work for which the permit is is I have and will maintain workers' compensation ins this permit is issued. My workers' compensation in Carrier Policy Number Chie session need not be completed if the permit | I hereby affirm under penalty of perjury one of the following declarations: o self-insure for workers' dompanisation as provided for by Section 3700 of the Labor Code, for self-insures, as required by Section 3700 of the Labor Code, for the performance of the work for which insurance carrier and policy number are: |
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| the performance of work for which the permit is is I have and will maintain workers' compensation ins this permit is issued. My workers' compensation in Carrier Policy Number (This section need not be completed if the permit I shall not employ any person in any manner so a become subject to the workers' compensation pro | I hereby affirm under penalty of parjury one of the following declarations: a self-insure for workers' dompensation as provided for by Section 3700 of the Labor Code, for sessed. Surance, as required by Section 3700 of the Labor Code, for the performance of the work for which insurance carrier and policy number are: Bxpiration Date 7/04 is for \$100 or less) I certify that in the performance of the work for which this permit is issued, as to become subject to the workers' compensation laws of California and agree that if I should existent of Section 3700 of the Labor Code, is shall forthwith comply with those provisions. |
| the performance of work for which the permit is is I have and will maintain workers' compensation ins this permit is issued. My workers' compensation in Carrier Policy Number Chies session need not be completed if the permit | I hereby affirm under penalty of parjury one of the following declarations: a self-insure for workers' dompansation as provided for by Section 3700 of the Labor Code, for sauch. Aurance, as required by Section 3700 of the Labor Code, for the performance of the work for which insurance carrier and policy number are: Bapiration Date 7/04 Is for \$100 or less) I certify that in the performance of the work for which this permit is issued, as to become subject to the workers' compensation laws of California and agree that if I should existent of Section 3700 of the Labor Code, shall forthwith comply with those provisions. |

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.

City or Sag **BUILDING DIVISION** PXZIZG DEPARTMENT

P. 1

No.4544

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MIRT be provided.

| | additional building permet. | Design Review approval may be required. | x named approval may be recipied. |
|----------------------------------|---|---|-----------------------------------|
| NR Favirant Pages nothing 120901 | *NOTE: Correction Notice Rems will require an | Cut-in: \$ | |
| | D SMOU | Equipment: \$ | 3 |
| n Wacie | on the characters | Value of duct work: | |
| | | C Owner (necognoc income) | D Horiz |
| C Re-plumb | U PUBLIC UTILUTES SAFETY INSPECTION. | 7) Other (decreive helper) | |
| O Gas Line | * Design Review approval may be required. | ☐ Fire Place Insert | ם כ |
| | D Roof Structure D Exterior | O Wall furnace | 2000 |
| D water service | C Flooring/Joists C ModsiWStuds | gas. | |
| C Kepadosaren | | Heat pump or elect, unit to | |
| | I DRY ROT OR TERMITE DAMAGE | C Cut-in | KRTILI. |
| Circuits | O New | ☐ Raof mount | |
| D New elecuso | © Relocate | CJ. Split system | Ctoring 1 |
| # 45 F. S. | D Electric to Gas | C Package | # SOUARES |
| Electric Service Charge | & Change out | D Heat Pump | M D HOUSE D GARAGE |
| | S GAS II ELECINIC | D NEW D CHANGE-OUT | |
| MINOR ELECTRIC ANdrea agreement | EX HUALEX | ☐ HVAC INSTALLATIONS | ! |
| (Residential ONLY) | ••• | (Residential ONLY) | A REROOF (excluding tile) |
| | | | D P |
| | | | |
| | | Many of my | escription of Work: MATCA |
| | | The Mariano | |
| : | dicate type of work in selections below.) | NATURE OF WORK: {Provide detailed description of work & indicate type of work in selections below.} | NATURE OF WO |
| 710-10-0227) | Phone: 910-430-4730; FAX: | 3 | Phone: 444.007 |
| | Sacramento, CA 95817 | 7/8 CA | City/State/Lip: 57,6, 95 |
| | Address: 3618 Broadway | 5 57. | Address: 1875 |
| 387145 | Contractor: McDonald PHAC License # | 30 VB | |
| | CONTACT PHONE: 916-456-4738 | | CONTACT PERSON: Diane |
| | | -015 Contract Price \$ | i: 0/2-0/22 |
| Unit # | , | | Job Address: 7478 4-15 |
| COMMERCIAL (limited) | APARTMENTS (4+ units per building): | RESIDENTIAL D APARTME | |
| | MOST be browner: | | Fax # (976) 264-1901 |

* Design Review approval may be required.

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

FEE SUMMARY FOR PERMIT #0313490

Bldg Minor Permit

as of 09-08-2003 Permit Status: READY

Site Address: 2825 14TH ST SAC

Parcel No:

012-0122-015

Thomas Bros: 297 C7

<u>CONTRACTOR</u> MCDONALD PLMBG HTG&AIR

3618 BROADWAY

SAC CA 95817

Phone: 456-4738

OWNER

SALAZAR DANIEL ARMANDO/KATHE

2825 14TH ST

SACRAMENTO CA 95818

Phone:

<u>ARCHITECT</u>

Nature of Work: WATER HTR C/O GAS

Permit Valuation:

\$1,500.00

Square Footage:

0

| Building Permit: | \$75.00 | Water Development Fee: | \$0.00 |
|--------------------|---------|---------------------------|---------|
| Strong Motion Fee: | \$0.50 | Sewer Development Fee: | \$0.00 |
| City Bus Oper Tax: | \$0.60 | Regional Sanitation Fee.: | \$0.00 |
| Technology Fee: | \$3.00 | Pocket Area Road: | \$0.00 |
| Housing Surcharge: | \$0.00 | SAFCA Fee | \$0.00 |
| Res Const Tax: | \$0.00 | North Natomas: | \$0.00 |
| Penalty Fee: | \$0.00 | FBA-Jacinto Creek: | \$0.00 |
| Inspections: | \$0.00 | Refund: | \$0.00 |
| Replace Cards: | \$0.00 | | |
| Renewal Fee | \$0.00 | Additional Fees: | \$0.00 |
| Water Meter Fee: | \$0.00 | | |
| | | TOTAL FEES: | \$79.10 |
| | | Payments: | \$0.00 |
| | | BALANCE DUE: | \$79.10 |

PAID CITY OF SACRAMENTO

SEP 9 8 2003

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

The state of the s

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL FEMALTIES AND CIVIL RINES UP TO ONE MANDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE GOST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 1906 OF THE LABOR CODE, INTEREST AND ATTORNISYS FEE.

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