

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9906747

Insp Area: 4

Site Address: 2140 SOUTH AV SAC
Parcel No: 252-0242-006

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

CONTRACTOR
DOUBLE D BUILDERS, INC
6217 32nd Street
N Highlands CA 95660

OWNER
BILES, RAY
3010 UNION ST
ROCKLIN CA

ARCHITECT

Nature of Work: REBUILD WHOLE 2ND FLR FIRE DAMAGE/1ST FLR SMOKE DAMAGE ONLY/ express

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.

X License Class B License Number 524046 Date 6/25/99 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 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 above-mentioned property for inspection purposes.

X Date 6/25/99 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 LIBERTY MUTUAL INSURANCE Policy Number WC2-56R-032963-019 Exp Date 03/17/2000

____ (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.

X Date 6/25/99 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 SERVICES USE ONLY
PV# 438235



PERMIT NUMBER
(Required)
9906747
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: 2140 SOUTH AVE SAC. 95838
 DATE OF WRITTEN REQUEST: 7/1/99 DATE REQUEST RECEIVED: _____
 PERMIT FOR: FIRE Repair
 REASON FOR REFUND: NOT DONE JOB
 CONTRACTOR: DOUBLE D BUILDERS OWNER: Don Wilson
 ADDRESS: P.O BOX 417625 ADDRESS: _____
 CITY/ST/ZIP: SACRAMENTO CA 95841 CITY/ST/ZIP: _____
 PHONE: _____ PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER ~~Homeowner~~

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

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>32,600.00</u>	Adj. Value	<u>32,600.00</u>
BPF pd	<u>548.00</u>	BPF pd	<u>548.00</u>
PC/PPF pd	<u>0</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>0</u>	SMI pd	<u>0</u>
CBL pd	<u>1304</u>	CBL pd	<u>1304</u>
Tech pd	<u>2192</u>	Tech pd	<u>2192</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) 50.00</u>
Total Paid	<u>58296</u>	Total Refund Amount	<u>53296</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed _____

REFUND PROCESSED BY: [Signature] DATE: 7-9-99
 REFUND APPROVED BY: [Signature] DATE: 7-13-99

PLEASE ALLOW 30 DAYS FOR PROCESSING

Sacramento Fire Department - Incident Report

Incident No : 990023761 Call# : 99053548 Date: 06/09/99 Time: 17:29
Address : 2140 SOUTH AV
Type : 11 BUILDING FIRE
Action Taken: 12 VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL
Property : 1-2 FAMILY RESIDENTIAL: SINGLE FAMILY
UBC : DWELLINGS AND LODGING HOUSES

Weather : 77 Degrees / Clear
Resources : 2 Engines, 1 Truck
1 Other Apparatus
1 Fire Rescue Unit

Fire Casualties : None

Fire Damage : Confined to structure of origin
Smoke Damage : Confined to structure of origin
Property Loss : \$50,000 Contents Loss : \$20,000
Property Value : \$80,000 Contents Value: \$20,000
Area of Origin : Insufficient information to classify
Caused by : Equipment: Insufficient information
Form of Heat : Undetermined
Ignition Factor : Undetermined
Type of Material : Undetermined
Form of Material : Undetermined
Type of Material : Undetermined
Form of Material : Undetermined
Other Factors : Acts or Omissions Insufficient information
Extinguished by : Water carried on first in unit
Structure Type : Building with one specific property use
Structure Status : In use
Occupied
Construction Type: Type V - Wood Frame
Roof Type : Composition
Number of Stories: 1

Level: A01

Detector Type : No detector

Extinguishing Sys: No extinguishing system

Report Author : F448