



**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 Request: 1-916-808-7622

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

Permit No. RES-0710497
Date Applied 07/05/2007
Type Residential
Subtype Minor
Category Half Plex

Permit Address 1222 COMMONS DR
SACRAMENTO, CA 95825
Site Location

Parcel No. 29503100070000

Owner GMB REVOCABLE TRUST
1222 COMMONS DR
SACRAMENTO, CA 95825
916-921-1313

Applicant BETTY REUBEN
GMB REVOCABLE TRUST
1222 COMMONS DR
SACRAMENTO, CA 95825
916-921-1313

Valuation \$ 3,000.00

Fee Items	# of Each	Amount
Technology Fee - 259	1.00	\$3.00
General Plan Fee - 213	1.00	\$1.77
Bldg Permit Fee - 200	75.00	\$75.00
Total		\$79.77

PAID
CITY OF SACRAMENTO
JUL 05 2007
**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**

LICENSED CONTRACTOR'S 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: _____

OWNER-BUILDER DECLARATIONS

I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5 B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec. 7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

I, as 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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

I am exempt under Sec. _____ B & P.C. for this reason:

Date: _____ Owner: _____

WORKERS COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).

Policy Number: _____ Company: _____

_____ Certified copy is hereby furnished.

_____ Certified copy is filed with the city building inspection department or city _____ department.

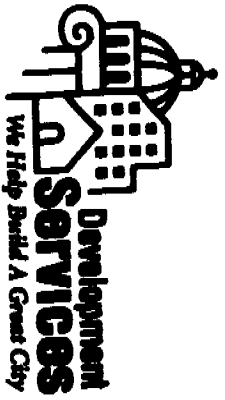
Date: _____ Applicant: _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 7/5/07 Applicant or Agent: Betty Reuben

Description of Work:
INSTALL 15 FLUORESCENT LIGHT FIXTURES, 4 TRACK LIGHTS

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



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Help Line: 1-916-808-6886 OR 1-800-EZ-PERMIT
Inspection Request: 1-916-808-7822

New City Hall
916 I Street, 5th Floor
Sacramento, CA 95814

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

Fax # 916-808-1901

MINOR PERMIT APPLICATION

Date: _____

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following working day. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a fine.

Permitting fees are not applicable for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

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

Bidg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Unit # _____ Contract Price \$ 3000

Phone #: _____ Email: _____

License #: _____

Job Address: _____

CONTACT INFO Name: _____

Property Owner: BETTY S. REUBEN Contractor: _____

Address: 1222 Commons Drive Address: _____

City/State/Zip: Sacramento CA 95825 City/State/Zip: _____

Phone: 916 9211313 Phone: _____

Pre-Registered? YES NO Registration # _____

Nature of Work: Provide description of work & indicate type of work in sections below.

Description of Work: INSTALL 15 POUND CITY FIN 4 TANK LITER

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reroof <input type="checkbox"/> Garage <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Skirting <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 Installation (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"/> Cur-in <input type="checkbox"/> Heat pump or elec. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cur-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input checked="" type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
<input type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Muddill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<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	Date Received: _____ Date Issued: _____ Processor's Initials: _____		Permit #: _____

Office Use Only:

Parcel #:

Date Received:

Date Issued:

Processor's Initials:

Permit #:



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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 - [X] 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 Gary Parrott, Parrott Builders Phone 961 3429
Address P.O. Box 65 Fair Oaks 95628
Type of Work electrical wiring, misc. repairs

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 Betty S Reuben Betty S Reuben
(Printed name) (Signature)

Date 7/5/07 Case No. Permit No.

Job Address 1222 Commons Drive Sacramento CA 95825

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