

## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0614349

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 151 #41, 42, 43, 44

Sub-Type: COM

Housing (Y/N): N

## CONTRACTOR

JAMES E WILLIAMS & SONS  
5705 VIRGINIA TOWN RD  
NEWCASTLE CA 95658

## OWNER

NAKAMURA KARINA MIKO  
700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833

SEP 15 2006

CITY OF SACRAMENTO  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING AND TRIM

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 B

License Number 688112

Date 9/15/06

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);

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 &amp; 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.

Date 9/15/06

Applicant/Agent 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 STATE FUND

Policy Number 0012155-2005

Exp Date 05/01/2007

(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 9/15/06

Applicant 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.

## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0614348

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 151 #45, 46, 47, 48

Sub-Type: COM

PAID  
Housing (Y/N): N

CITY OF SACRAMENTO

## CONTRACTOR

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5705 VIRGINIATOWN RD  
NEWCASTLE CA 95658

## OWNER

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700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833

## ARCHITECT

SEP 15 2006

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING AND TRIM

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Lender's Name

Lender's Address

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License Class

B

License Number 688112

Date

9/15/06

Contractor Signature

William J. Williams

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Applicant/Agent Signature

William J. Williams

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Policy Number 0012155-2005

Exp Date 05/01/2007

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Applicant Signature

William J. Williams

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

## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0614347

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 800 #21, 22, 23, 24

Sub-Type: COM

Housing (Y/N): N

**CONTRACTOR**JAMES E WILLIAMS & SONS  
5705 VIRGINIATOWN RD  
NEWCASTLE CA 95658**OWNER**NAKAMURA KARINA MIKO  
700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833PAID ARCHITECT  
CITY OF SACRAMENTO

SEP 15 2006

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING

**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 B License Number 688112 Date 9/15/06 Contractor Signature William J. Williams**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.)

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I am exempt under Sec. \_\_\_\_\_ B &amp; PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

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Carrier STATE FUND

Policy Number 0012155-2005

Exp Date 05/01/2007

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## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0614346

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 850 #25, 26, 27, CITY OF SACRAMENTO

Sub-Type: COM

PAID Housing (Y/N): N

**CONTRACTOR**JAMES E WILLIAMS & SONS  
5705 VIRGINIA TOWN RD  
NEWCASTLE CA 95658**OWNER**NAKAMURA KARINA MIKO  
700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833

SEP 15 2006

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING AND TRIM

**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

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Permit No: 0614345

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 850 #29, 30, 31, 32

Sub-Type: COM

Housing (Y/N): N

**CONTRACTOR**JAMES E WILLIAMS & SONS  
5705 VIRGINIATOWN RD  
NEWCASTLE CA 95658**OWNER**NAKAMURA KARINA MIKO  
700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833**PAID ARCHITECT**

CITY OF SACRAMENTO

SEP 15 2006

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING AND TRIM

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License Class B License Number 688112 Date 9/15/06 Contractor Signature William Williams

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Parcel No: 225-0900-001

BLDG 101 #33.043536

PAID

Sub-Type: COM

Housing (Y/N): N

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SEP 15 2006

**ARCHITECT**NEIGHBORHOODS PLANNING  
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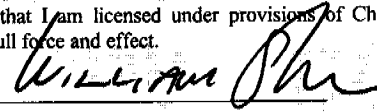
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Date

Owner Signature

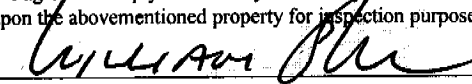
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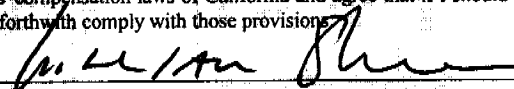
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9/15/06

Applicant 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.

## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0614343

Insp Area: 4

Thos Bros: 277C4

Site Address: 1760 SAN JUAN RD SAC

Parcel No: 225-0900-001

BLDG 101 #37, 38, 39, 40

Sub-Type: COM

Housing (Y/N): N

**CONTRACTOR**  
JAMES E WILLIAMS & SONS  
5705 VIRGINIATOWN RD  
NEWCASTLE CA 95658

**OWNER**  
NAKAMURA KARINA MIKO  
700 DEL VERDE CIR 6  
SACRAMENTO, CA 95833

CITY OF SACRAMENTO

SEP 15 2006

Nature of Work: REMOVE AND REPLACE DRY ROT SIDING AND NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

**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 B License Number 688112 Date 9/15/06 Contractor Signature William Plu

**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 abovementioned property for inspection purposes.

Date 9/15/06 Applicant/Agent Signature William Plu

**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 STATE FUND

Policy Number 0012155-2005

Exp Date 05/01/2007

(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 9/15/06 Applicant Signature William Plu

**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 OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

New City Hall  
915 I Street, 3<sup>rd</sup> Floor  
Sacramento, CA 95814

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

Fax # 916-808-1901

0014 343 MINOR PERMIT APPLICATION

Date: 9/15/06

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

Permits requiring Plan Review are not eligible 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:

Job Address: 1760 San Juan Rd, 161 # 37-40  
Bid Type: ☒ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited)

CONTACT INFO Name: Billy L. Lyons Phone #: 580-5916 Email: 81951

Unit # Contract Price 2850

Property Owner: MICHAEL + SONS PROP MGR

Contractor: Jimmy D. Williams License #: 688112

Address: 965 UNIVERSITY AVE

Address: 5705 VILLAGESIDE RD

City/State/Zip: SAC CA 95825

City/State/Zip: NEN 95714, CA 95658

Phone: 646-6442

Phone: 645-0783 Fax: 890-0541

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

Pre-Registered? YES NO Registration #

Description of Work: REMOVE / REPLACE DAY KIT SINK + TREN

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> 7-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$ _____ Cut-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 type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:





# CITY OF SACRAMENTO

New City Hall  
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Sacramento, CA 95814

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Inspection Request: 1-916-808-7622

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

Fax # 916-264-1901

## MINOR PERMIT APPLICATION

Date: 9-15-06

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

### Permits requiring Plan Review are not eligible 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:

Job Address: 1760 S. 1st St	Bldg Type: <input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENTS (4+ units per building)	<input type="checkbox"/> COMMERCIAL (limited)
CONTACT INFO Name: Billy Williams	Unit #	Contract Price 2850.00	
Property Owner: Michael & Sons Property Management	Contractor: Jimmy R. Williams	License #: 668112	
Address: 965 UNIVERSITY AVE	Address: 5705 VINEGROVE RD		
City/State/Zip: SAC, CA 95825	City/State/Zip: NEWCASTLE CA 95658		
Phone: 646-6492	Phone: 645-0783	Fax: 290-0541	
Nature of Work: Provide description of work & indicate type of work in selections below.			
Pre-Registered? YES NO Registration #			

Description of Work: REMOVE/REPLACE DAY RET. SIGN + TRIM

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <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 Installations (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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-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 type="checkbox"/> Dry Rot or Termites Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input 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"/> 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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only: Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



# CITY OF SACRAMENTO

New City Hall  
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Sacramento, CA 95814

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

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

Fax # 916-264-1901

0614345

## MINOR PERMIT APPLICATION

Date: 9-15-06

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

Permits requiring Plan Review are not eligible 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:

Job Address: 1760 San Juan Rd 850th 29-32

CONTACT INFO Name: Billy Williams

Bldg Type: ☒ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited)  
Unit # \_\_\_\_\_ Contract Price 2850.00

Property Owner: Michael & Sons Property Management

Contractor: Jimmy R Williams License #: 688112

Address: 965 UNIVERSITY AVE

Address: 5705 VINEGROVE RD

City/State/Zip: SAC, CA 95825

City/State/Zip: NEWCASTLE CA 95658

Phone: 646-6492

Phone: 645-0783 Fax: 290-0541

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

Pre-Registered? YES NO Registration # \_\_\_\_\_

Description of Work: REMOVE/REPLACE DAY RGT SIDING + TRIM

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <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 Installations (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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-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 type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



# CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 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

Fax # 916-264-1901

## 0614344 MINOR PERMIT APPLICATION

Date: 9-15-06

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

Permits requiring Plan Review are not eligible 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:

Job Address: 1760 Saulswood Rd, 850 # 25-28	Bldg Type: <input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENTS (4+ units per building)	<input type="checkbox"/> COMMERCIAL (limited)
CONTACT INFO Name: Billy Williams	Unit #	Contract Price 2850.00	
Property Owner: Michael & Sons Property Management	Contractor: Jimmy R Williams	License #: 688112	
Address: 965 UNIVERSITY AVE	Address: 5705 VINEGATE RD		
City/State/Zip: SAC, CA 95825	City/State/Zip: NEVADASTLE, CA 95658		
Phone: 646-6492	Phone: 645-0783	Fax: 290-0541	
Nature of Work: Provide description of work & indicate type of work in selections below.			
Pre-Registered? YES NO Registration #			

Description of Work: REMOVE/REPLACE Dry Rot Siding + Trim

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



# CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

New City Hall  
915 I Street, 3<sup>rd</sup> Floor  
Sacramento, CA 95814  
North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

Fax # 916-264-1901

0614347

## MINOR PERMIT APPLICATION

Date: 9-15-06

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

### Permits requiring Plan Review are not eligible 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:

Job Address: 1760 S. J. L. Rd, 8004 21-24

Bldg Type: ☒ RESIDENTIAL

☐ APARTMENTS (4+ units per building)

☐ COMMERCIAL (limited)

Contract Price 2850.00

CONTACT INFO Name: Billy Williams

Phone #: 580-5916 Email:

Property Owner: Michael & Sons Property Management

Contractor: Timothy R. Williams License #: 688112

Address: 965 UNIVERSITY AVE

Address: 5705 VINEGROVE RD

City/State/Zip: SAC, CA 95825

City/State/Zip: NEUCASTLE, CA 95658

Phone: 646-6492

Phone: 645-0783 Fax: 290-0541

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

Pre-Registered? YES NO Registration #

Description of Work: REMOVE/REPLACE DECK & STAIRS

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input checked="" type="checkbox"/> Siding <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 Installations (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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-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 type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input 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"/> 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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



CITY OF SACRAMENTO

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North Permit Center  
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Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 9-15-06

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Permits requiring Plan Review are not eligible 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:

Job Address: 1760 S Jackson Rd 151 # 45-48  
CONTACT INFO Name: Billy Williams Phone #: 580-5916 Email: 185  
Bid Type: ☒ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited)  
Property Owner: Michael & Sons Property Management Unit # Contract Price 2850.00  
Address: 965 UNIVERSITY AVE License #: 688112  
City/State/Zip: SAC, CA 95825  
Phone: 646-6492  
City/State/Zip: NEWCASTLE CA 95658  
Phone: 645-0783 Fax: 290-0541  
Nature of Work: Provide description of work & indicate type of work in selections below.  
Pre-Registered? YES NO Registration #

Description of Work: REMOVE/REPLACE Dry Rot Siding + TRIM

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input checked="" type="checkbox"/> Siding <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 Installations (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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-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 type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: Date Received: Date Issued: Processor's Initials: Permit #:



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

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MINOR PERMIT APPLICATION

Date: 9/15/06

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Permits requiring Plan Review are not eligible 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:

Job Address: 1460 S. Jackson Rd. #151 41-44

Unit # 580-5916 Email: 185.51

Phone #: 580-5916

Contract Price 2850.00

Property Owner: MICHAEL & SONS PROP MGMT  
Address: 965 UNIVERSITY AVE  
City/State/Zip: SAC, CA 95825  
Phone: 646-6442  
Contractor: TIMMY D. WILLIAMS  
Address: 5705 VIRGINIA TOWNE RD  
City/State/Zip: SACRAMENTO, CA 95658  
Phone: 645-0783 Fax: 290-0541

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

Pre-Registered? YES NO Registration #

Description of Work: REMOVE/REPLACE DRY ROT SINKING + TRIM

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