

PHONE (209) 944-8561  
CITY OF STOCKTON

NO. A **34096**

- FAX**
- CONSTRUCTION PERMIT
  - BUILDING PERMIT
  - PLUMBING PERMIT
  - WRECKING PERMIT
  - ELECTRICAL PERMIT
  - MECHANICAL PERMIT

**34234**

APPLICATION DATE <b>6-13-78</b>	ISSUE DATE <b>8-9-78</b>	LENDER <b>San &amp; Joaquin First Fed</b>	CHNS. TR. <b>13.00</b>	TR. ZONE <b>05</b>	BLOCK <b>106</b>	PARCEL <b>02</b>
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JOB ADDRESS <b>554 E. Cleveland</b>	ASSESSOR PARCEL NO.
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LEGAL DESCRIPTION	LOT	BLOCK <b>L</b>	SUBDIVISION <b>McCloud</b>	DEVEL FEE 15-0610-002	
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WORK DESCRIPTION <b>dwell. &amp; garage</b>	STREET SIGN 15-0610-002
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OWNER <b>G.M. Winchell</b>	ADDRESS <b>G.M. Winchell &amp; Sons 3835 E Main</b>	PHONE <b>462-7865</b>	STREET TREE 15-0610-002
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CONTRACTOR <b>owner/contr.</b>	ADDRESS <b>G.M. Winchell &amp; Sons 3835 E. Main</b>	PHONE <b>462 7865</b>	PARK LAND 15-0610-003
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ARCHITECT/ENGINEER <b>Wm. J. ...</b>	ADDRESS <b>2000 S. ...</b>	PHONE <b>477-9695</b>	PERMIT FEE 10-0424-000 <b>240.00</b>
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ZONING <b>C-R</b>	CONSTR. CODE <b>1</b>	PERMIT ISSUED BY <b>EV:ms</b>	VALUATION <b>\$37,550.</b>	MICRO FEE 10-0619-003 <b>1.30</b>	
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FIRE ZONE <b>3</b>	NO. OF UNITS	REMARKS	SMIP FEE 84-0251-013 <b>2.63</b>
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OCCUP. GROUP <b>R-3</b>	CONT. CR. NO.	REMARKS	CERT. OF OCC. 10-0424-000
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TYPE CONSTR. <b>VN</b>	SPRINKLERS	REMARKS	WATER CONN. IN CITY 24-0645-001 <b>cal water</b>
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OCCUP. LOAD	BASEMENT	REMARKS	SEWER CONN. IN CITY 72-0645-001 <b>179.96</b>
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NO. OF STORIES <b>1</b>	USE PERMIT NO.	REMARKS <b>Combination permit</b>	TOTAL FEES <b>\$479.96</b>
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DPGR  
12705



CITY OF STOCKTON  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 BUILDING DIVISION, CITY HALL  
 STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561  
**24 Hr. Inspection Request**  
**937-8560**

Application Number  
 03 00000454

# PERMIT

**LICENSED CONTRACTORS DECLARATION**

I hereby affirm 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.

CONTRACTOR \_\_\_\_\_  
 LICENSE NO. \_\_\_\_\_  
 LICENSE TYPE \_\_\_\_\_ DATE \_\_\_\_\_  
 STOCKTON BUS. LIC. NO. \_\_\_\_\_

Job Address  
 554 E CLEVELAND ST

Issue Date  
 2/06/03

**OWNER-BUILDER DECLARATION**

I hereby affirm that I am exempt from the Contractor's 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 is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he 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.):

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), Business and Professions Code: The Contractor's License Law 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 contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to any owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)

I am exempt under Sec. \_\_\_\_\_, B & P.C. for this reason \_\_\_\_\_

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

Permit Type . : GENERAL MECHANICAL PERMIT---2L  
 Subdivision . :  
 Parcel Nbr . : 127 164 16  
 Geo Code . . : 1300 03 08 06 0  
 Owner Name . : JONES CARL E & RUTH  
 Address . . . : 554 E CLEVELAND ST  
 STOCKTON CA 95204  
 Appl Type . . : ELECTRICAL, PLUMBING, MECHANICAL-RESIDENTIAL  
 Desc of Work : RESIDENTIAL  
 HECH, HEATING AND A.C.  
 Valuation . . : 3,221  
 Square ftg . : 0 Zoning . . . : CR  
 Occup Group . : Const Type . :

Special Notes and Conditions  
 ROD JOHNSON 680795 EX 12/31/03  
 W/C STATE FUND EX 4/01/03  
 BUSLIC# 45744  
 HVAC REPLACEMENT- RESIDENTIAL

**RETURN CHECK POLICY: I AM AWARE IF MY CHECK IS RETURNED TO THE CITY, THIS PERMIT IS REVOKED. I AM ALSO AWARE, IF ANY WORK HAS BEEN STARTED, THE CITY WILL IMPOSE AN INVESTIGATION FEE, (PER SMC 13-304(C)) PLUS ANY OTHER REQUIRED FEES.**

**NOTE: To protest the imposition of any development fee, dedication, reservation or other exaction imposed on your project, you must file written notice with the City Clerk's office within 90 days after approval of the project or imposition of the fees, dedications, reservations or other exactions stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are provided for or satisfied, under protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.**

**WORKER'S COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation insurance, or a certified copy thereof (Sec. 3500, Lab. C.) Policy No. \_\_\_\_\_

Company \_\_\_\_\_

Certified copy is hereby furnished. Expires \_\_\_\_\_  
 Certified copy is filed with the city building inspection department.  
 Date \_\_\_\_\_ Applicant \_\_\_\_\_

**CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

This section need not be completed if the permit is for one hundred dollars (\$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.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

**NOTICE TO APPLICANT: If, after making this Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.**

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 building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNED \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 JOB ADDRESS \_\_\_\_\_

**APPLICATION APPROVAL**

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

SIGNATURE \_\_\_\_\_

----- FEES -----	
PERMIT FEE	36.25
A20-GPHI (.0011*VAL)--*KK	3.54
A15 SHIP-(OLD USAGE) *W9	.50
A35-LAND UPDATE-----*NH	2.70
A30-PERMIT TRACKING---*HH	10.75
PERMIT TOTAL	53.74

CK# 9320  
 164.58



CITY OF STOCKTON  
COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING DIVISION, CITY HALL  
STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561  
**24 Hr. Inspection Request**  
**937-8560**

Application Number  
03 0000501

# PERMIT

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CONTRACTOR \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_  
LICENSE TYPE \_\_\_\_\_ DATE \_\_\_\_\_  
STOCKTON BUS. LIC. NO. \_\_\_\_\_

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I am exempt under Sec. \_\_\_\_\_ B & P.C. for this reason \_\_\_\_\_  
Date \_\_\_\_\_ Owner Ruth E. Jones

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Company \_\_\_\_\_  
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 Certified copy is filed with the city building inspection department.  
Date \_\_\_\_\_ Applicant \_\_\_\_\_

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SIGNED Ruth E. Jones ADDRESS \_\_\_\_\_  
JOB ADDRESS \_\_\_\_\_

**APPLICATION APPROVAL**

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

SIGNATURE [Signature]

Job Address \_\_\_\_\_  
554 E CLEVELAND ST

Issue Date  
1/28/03

Permit Type . . : REROOFING PERMIT-----2L  
Subdivision . . :  
Parcel Nbr . . : 127 164 16  
Geo Code . . : 1300 03 08 06 0  
Owner Name . . : JONES CARL E & RUTH  
Address . . . : 554 E CLEVELAND ST  
STOCKTON CA 95204  
App'l Type . . : REROOFING (SINGLE FAMILY DWELLINGS & DUPLEXS)  
Desc of Work : REROOF, GENERAL  
RESIDENTIAL  
Valuation . . : 1,000  
Square ftg . . : 24 Zoning . . . : CR  
Occup Group . . : Const Type . . :

**Special Notes and Conditions**

REROOF OVER EXISTING ORIGINAL ROOF W/  
COMPOSITION. 24 SQS. PERMIT ISSUED TO  
PROPERTY OWNER: RUTH E. JONES.

----- FEES -----

PERMIT FEE 43.00  
A20-GPHI (.0011\*VAL)--\*KK 1.10  
A16-SHIP-RESIDENTIAL \*NB .10  
A35-LAND UPDATE-----\*NN 2.70  
A30-PERMIT TRACKING---\*HH 10.75

PERMIT TOTAL 57.65

CK #7266