

TRANSMISSION VERIFICATION REPORT

TIME : 01/31/2006 11:17  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME	01/31 11:16
FAX NO./NAME	94515414
DURATION	00:01:16
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

\*COPY\* 01/31/2006  
 RECEIPT NUMBER: R0601688  
 TRANSACTION DATE: 01/31/2006  
 TRANSACTION AMOUNT: 192.60  
 NOTATION:

**PAID**  
 CITY OF SACRAMENTO  
 JAN 31 2006  
 NEW CITY HALL

**ISSUED**  
 CITY OF SACRAMENTO  
 JAN 31 2006  
 DOWNTOWN PERMIT  
 CENTER

APD #: **0601291**  
 SITE ADDRESS: 3427 40TH ST SAC  
 PARCEL: 014-0211-010

Mixed Income Housing  
 Fee Program  
 ??

TYPE: Bldg Minor Permit  
 SUB-TYPE: RES  
 HOUSING: N  
 STATUS: **ISSUED**

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	192.60

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.76	.00	3.76
207	Strong Motion (SMI)	1600	.94	.00	.94
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

# IN PROGRESS INSPECTION REQUESTED

## Building Permit

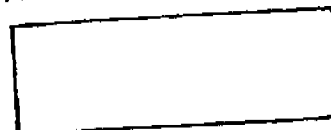
City of Sacramento



**PLANNING & BUILDING DEPARTMENT**  
BUILDING DIVISION  
(916) 808-BLDG (2534)

\*\*\*\*\* Office Use Only \*\*\*\*\*

Permit No: 0601291  
Date Issued: \_\_\_\_\_  
Total Amount: 192.60



\*\*\*\*\* Please Fill in the Following \*\*\*\*\*  
Site Address: 3427 40th St  
Nature of Work: Re roof

\*\*\*\*\*  
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: C39 License Number: 769558 Date: 1/30/06 Signature: Debbie Haas

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 3 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 Professions 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: 1/30/06 Applicant/Agent Signature: Debbie Haas

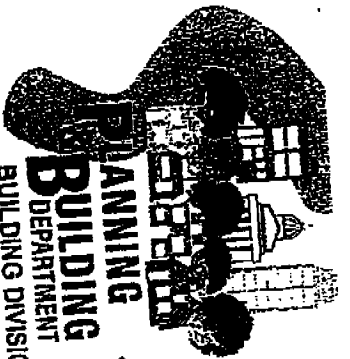
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:  
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit 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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

X (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: 1/30/06 Applicant Signature: Debbie Haas

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.



Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

19260

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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.

(certain restrictions apply)

Jan 30 06 08:47p

Debbie Haas

010-11-0110-010

0601291

Address: 3737 20th St  
 Contract Price \$ 9400  
 Unit #  
 Contact Number: 916-0211-010  
 CONTACT PHONE: 698-5414  
 CONTACT PERSON: Debbie Haas License # 769558  
 Property Owner: Bart Christensen  
 Contractor: Debbie Haas  
 Address: 3131 37th St  
 City/State/Zip: SACRAMENTO CA 95817  
 City/State/Zip: SACRAMENTO CA 95817  
 Phone: 451-5414 FAX: 457-5414

Description of Work: Tear off sheet Masonry replace gage gutters, 30yr dimensions  
 NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE HOUSE # SQUARES 2 3+ # SQUARES 30 # SQUARES 30 # SQUARES 30	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cull-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SMUD *NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
<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	Value of duct work: Equipment: \$ Cull-in: \$ * Design Review approval may be required.	* Design Review approval may be required.	

TOTAL P. 01

Design Review approval may be required.



CITY OF SACRAMENTO

www.cityofsacramento.org  
Help Line: 1-916-808-5888 OR 1-888-EZ-PERMIT  
Inspection: 1-916-808-7622

Downtown Permit Center  
1231 I Street, Suite 200  
Sacramento, CA 95814

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

ROOFING QUESTIONNAIRE

Applicant's Name: Debbie Haas Phone: 6985414  
Project Address: 3427 40th St Phone:

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

a.  The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| Existing                            | Proposed                            |  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Wood shake or shingle                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Tile   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Metal that simulates one of the above listed materials |

b.  The new roofing material will be:

- |                          |                          |          |
|--------------------------|--------------------------|----------|
| Existing                 | Proposed                 |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

2. GUTTERS

- a.  The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
  - New fascia gutters shall be provided.
  - Gutters shall be repaired and/or replaced to match existing.
- b.  The existing gutters are Ogee gutters.
- There is no change proposed to existing gutters.
  - New Ogee gutters shall be provided.
  - Gutters shall be repaired and/or replaced to match existing.
- c.  There are no existing gutters.
- No new gutters are proposed.
  - New Ogee gutters shall be provided.

3. RAFTER TAILS

- a.  There are no exposed rafter tails.
- b.  There are no existing gutters.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Debbie Haas Date: 1/31/06

FOR CITY STAFF USE ONLY Counter Staff: \_\_\_\_\_

- In a DR District. Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in a DR or P area