

TRANSMISSION VERIFICATION REPORT

TIME : 10/18/2006 15:22
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 10/18 15:21
 FAX NO./NAME 93910161
 DURATION 00:01:16
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
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**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 OCT 18 2006
 DOWNTOWN PERMIT
 CENTER**

RECEIPT NUMBER: R0619317
 TRANSACTION DATE: 10/18/2006
 TRANSACTION AMOUNT: 79.98
 NOTATION:

APD #: **0616240**
 SITE ADDRESS: 2638 PORTOLA WY SAC
 PARCEL: 013-0122-005
 TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

Mixed Income Housing
 Fee Program
 ??

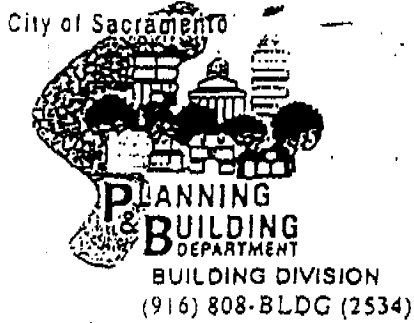
TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	79.98

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.80	.00	.80
213	General Plan Surcharge	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

Building Permit



Office Use Only

Permit No: 8616240
 Date Issued: _____
 Total Amount: _____

ISSUED
CITY OF SACRAMENTO

OCT 18 2006

Please Fill in the Following
 Site Address: 2039 Post
 Nature of Work: SEWER LINE REPAIR CENTER

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 C3 License Number 702292 Date 10/17/06 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 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 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 ordinance 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, hereby, shall 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 10/17/06 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 State Fund
 Policy Number 136785714 Expiration Date 10/17/06

(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 10/17/06 Applicant Signature [Signature]

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 3700 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

FAXBACK PERMIT APPLICATION

(Certain restrictions apply)

Faxed request received in this office before 3:00 pm 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.

Permits requiring plan review are not eligible for FAXBACK.

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 4038 Portola Way

Parcel Number: _____

CONTACT PERSON: Jeff Wolfe Contract Price \$ _____ Unit # _____

Property Owner: Victoria Powers

Address: 4038 Portola Way Contractor: Jeff Wolfe License # 17002292

City/State/Zip: Sacramento, CA 95812 City/State/Zip: Sacramento, CA 95823

Phone: _____ Phone: 927-4037 Fax: 916-391-0161

Description of Work: Seal & Replace main

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES _____ Stories _____ material _____	<input type="checkbox"/> HVAC INSTALLATIONS <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 checked="" 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"/> Mudsill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential and single apartment units ONLY) (S/U) (P/U)	<input type="checkbox"/> MINOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire Replacement <input type="checkbox"/> Water Service <input checked="" type="checkbox"/> Sewer Service <input type="checkbox"/> Gas line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Water
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingles	Value of duct work: Equipment \$ _____ Labor \$ _____	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential and single apartment units ONLY) (S/U) (P/U)	

JEFF'S PLUMBING 916 391-0161

TRANSMISSION VERIFICATION REPORT

TIME : 10/18/2006 15:23
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 10/18 15:23
 FAX NO./NAME 93612443
 DURATION 00:00:47
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
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CITY OF SACRAMENTO
 CASHIER'S WORKSHEET

COPY 10/18/2006
 RECEIPT NUMBER: R0619312
 TRANSACTION DATE: 10/18/2006
 TRANSACTION AMOUNT: 78.99
 NOTATION:

ISSUED
CITY OF SACRAMENTO
OCT 18 2006
DOWNTOWN PERMIT
CENTER

APD #: 0616207
 SITE ADDRESS: 520 LOVELLA WY SAC
 PARCEL: 005-0182-015
 TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.99

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.40	.00	.40
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

Building Permit

City of Sacramento



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

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

Permit No: 0616207 Date Issued: Total Amount:

ISSUED CITY OF SACRAMENTO OCT 18 2006 DOWNTOWN PERMIT CENTER

Please Fill in the Following Site Address: 520 LOVELLA LN Nature of Work: CIO WTR HTR

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 C36 License Number 696155 Date 10-17-06 Signature R.M. Bonney

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 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 10.17.06 Applicant/Agent Signature R.M. Bonney

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.

RMB 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 TRUCK INSURANCE EXCHANGE Policy Number B-1958-80-00 Expiration Date 01-01-07

(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 10.17.06 Applicant Signature R.M. Bonney

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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE

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



702910207

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: 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.

DATE: 12.17.06

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (existing)

JOB ADDRESS: 520 Lovella Way CONTRACT PRICE \$ 990--

Property Owner: Bob Diaz UNIT # CONTRACT PHONE: 444-0551

Address: Same Contractor: Bonney Plumbing License # 0003555

City/State/Zip: Sac - CA 95819 Address: 3906 Krishi Ct. 05827

Phone: 451-2095 City/State/Zip: Sac, CA 95827 Phone: 444-0551 FAX: 201-2443

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work

<input type="checkbox"/> REEROOF (including tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # STDS # SQUARES: <input type="checkbox"/> GARAGE Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl Note: Design Review approval may be required in certain areas.	<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"/> Out-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of this work: Equipment \$ Out-lab \$ Note: Design Review approval may be required for roofing work.	<input type="checkbox"/> WATER HEATER (Residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input checked="" 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 (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MINOR ELECTRICAL 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"/> Rep-pipes <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"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: CLO WTR HTR