

CITY OF SACRAMENTO CASHIER'S WORKSHEET

George

RECEIPT NUMBER: R0500238
 TRANSACTION DATE: 01/06/2005
 TRANSACTION AMOUNT: 194.82
 NOTATION:

ISSUED

JAN 06 2005

APD #: **0500220**
 SITE ADDRESS: 29 MOONLIT CR SAC
 PARCEL: 030-0061-022

Sacramento Building Division

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	194.82

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
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207	Strong Motion (SMI)	1600	1.15	.00	1.15
213	General Plan Surcharge	1760	7.08	.00	7.08
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

PAID
 CITY OF SACRAMENTO

JAN 06 2005

NEIGHBORHOOD PLANNING
 AND DEVELOPMENT SERVICES

IN PROGRESS INSPECTION REQUIRED

Building Permit

City of Sacramento



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

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

ISSUED

Permit No: 0500220
Date Issued: 01-05-05
Total Amount: 194.82

JAN 05 2005
Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 29 Modlit Cir
Nature of Work: Tear off Shake Install
Camp

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 C-39 License Number 790945 Date 1-6-04 Signature Amber Mann

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 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 to be 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 1-6-04 Applicant/Agent Signature Amber Mann

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:

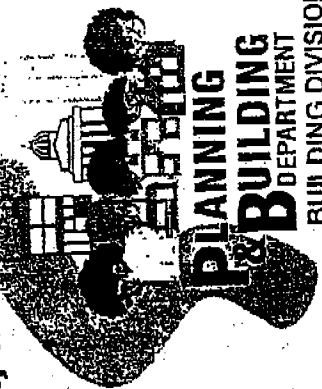
Carrier State Fund Policy Number 185212905 Expiration Date 7-28-05

(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 1-6-04 Applicant Signature Amber Mann

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.



PLANNING & BUILDING
DEPARTMENT
BUILDING DIVISION

Fax # (916) 264-1901

916-626-5506

(certain restrictions apply)

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.

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: 29 Meant Cir	Contract Price \$ 1,965	Unit #
Parcel Number:	CONTACT PHONE: 626-5500	
CONTACT PERSON: Amber Mann	Contractor: Anderson Roofing	License # 790945
Property Owner: Jeslyn Saues	Address: 233 Technology Way A-7	
Address: 29 Meant Cir	City/State/Zip: Rocklin CA 95765	
City/State/Zip: Sacramento CA 95831	Phone: 626-5500	FAX: 626-5500
Phone: 591-9712		

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

Description of Work: Tear off Shake Install Comp

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material:	(Residential ONLY) <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"/> Cut-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) Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <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.	(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
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CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY
FOR PERMIT #0500220**

**Bldg Minor Permit
as of 01-05-2005 Permit Status: READY**

Site Address: 29 MOONLIT CR SAC

Parcel No: 030-0061-022

Thomas Bros: 316J6

CONTRACTOR

ANDERSON ROOFING
233 TECHNOLOGY WY
ROCKLIN CA 95765
Phone: 916-626-5500

OWNER

JESLYN L SAUER 2003 TRUST
29 MOONLIT CR
SACRAMENTO, CA 95831
Phone: 391-4712

ARCHITECT

Phone:

**Nature of Work: REMOVE EXIST. ROOFING, INSTALL NEW SHEATHING, NEW 30YR
COMP. SHINGLES, 31 SQ**

Permit Valuation: \$11,465.00

Square Footage: 0

Fee Details

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TOTAL FEES: \$194.82

Payments: \$0.00

BALANCE DUE: \$194.82

**PAID
CITY OF SACRAMENTO**

JAN 06 2005

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**

MODE = MEMORY TRANSMISSION

START=JAN-06 12:12

END=JAN-06 12:34

FILE NO.=997

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	96265506	004/004	00:02:15

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

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