

TRANSMISSION VERIFICATION REPORT

TIME : 09/14/2005 11:58
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME : 09/14 11:58
FAX NO./NAME : 96820867
DURATION : 00:00:00
PAGE(S) : 00
RESULT : BUSY
MODE : STANDARD

BUSY: BUSY/NO RESPONSE

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED *George*
SEP 14 2005

RECEIPT NUMBER: R0517172
TRANSACTION DATE: 09/14/2005
TRANSACTION AMOUNT: 188.22
NOTATION:

Sacramento Building Division

APD #: 0513981
SITE ADDRESS: 4512 WINDCLOUD AV SAC
PARCEL: 237-0520-030

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	188.22

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID
CITY OF SACRAMENTO
SEP 14 2005

NEIGHBORHOODS OF AMERICA

Building Permit

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED

Permit No: 0513981
Date Issued: 9/14
Total Amount: \$186.20

SEP 14 2005
Sacramento Building Division

***** Please Fill in the following *****

Site Address: 4512 W. Woodland Ave.
Nature of Work: RE ROOF
SOFT COMP.

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: LCI LENDING FINANCIAL
Lender's Address: 1117 W.
Date: 9/13/05
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 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, or I 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 ordinance of the City of Sacramento. This building permit does not authorize any illegal location of the building or structure.

Date: 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: Estate Fund Workers Comp.
Policy Number: 1820120-05 Expiration Date: 9/1/06

(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: 9/12/05 Applicant Signature: [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.

FAK BACK

DATE: 9/13/04



CITY OF SACRAMENTO
DEVIANT SERVICES DIVISION
FAXED PERMILICATION (certain restrictions apply)
916-264-1901

OS/398/4
Area 4

Faxed request must be in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must arrange certificate of Worker's Compensation Insurance.
Note: Work started before Permit is issued will be subject to a quad fee

IN ORDER TO PROCESS THIS REQUEST THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTS (4+ units per building) COMMERCIAL (united)

CONTRACT PRICE \$ 22200

JOB ADDRESS: 4512 Wind Clude UNIT #

CONTACT PERSON: Jesus CONTACT PHONE: 719-6944

Property Owner: Bob Honey
Address: 4512 Wind Clude A
City/State/Zip: SAC CA 95833
Phone: 742-2386

Contractor: Contractors General & Residential Services
Address: 141 1700th St
7707 7th Street,
Sacramento, CA 95811
City/State/Zip: Sacramento, CA 95811
Phone: (916) 938-2116 692-0867

NATURE OF REQUEST: Indicate from the selector & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE # OF STORIES: <u>2</u> # SQUARES: <u>24</u> Material: <u>30 yr material</u>	<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: \$ _____ Cur-in: \$ _____	<input type="checkbox"/> HEATER (residential ONLY) <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Reline <input type="checkbox"/> New	<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 UTILITY SAFETY INSPECTION (residential and single units ONLY) <input type="checkbox"/> SMUC <input type="checkbox"/> PGE
*NOTE: Correction Notice will require an additional building permit				

Note: Design Review approval may be

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