



City of Sacramento



Building Permit ISSUED

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

Permit No: 0503842
Date Issued: 3/22/05
Total Amount: \$185.59
Insp Area #: 2

MAR 22 2005
Sacramento Building Division

KM

Inspection Request # (916) 264-7622

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

Site Address: 8097 ARROYO VISTA DR. SACRAMENTO CA 95823
Nature of Work: C/O A/C UNIT & COIL

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-43 License Number: 3125102 Date: 3/16/05 Signature: Jessica Glenn

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 each 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: MAR 22 2005 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 is being located within 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 above mentioned property for inspection purposes.

Date: 3/16/05 Applicant/Agent Signature: Jessica Glenn

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.

X 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: Clarendon In. Policy Number: 01-200030140 Expiration Date: 1-1-06

(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 these provisions.

Date: 3/16/05 Applicant Signature: Jessica Glenn

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.

0503842

City of Stockton



**FAXBACK PERMIT APPLICATION**

(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:

Credit Card Info on File? Yes  No  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 8097 ARZANO VISTA DR. Unit # \_\_\_\_\_  
 Parcel Number: 117-1128-016  
 CONTACT PERSON: SMIT'S SHEET METAL INC. Contract Price \$ 3009.78  
 Property Owner: JESSIE DEZALCO CONTRACTOR PHONE: 530-1072-8246  
 Address: 8097 ARZANO VISTA DR. Contractor: JESSIE DEZALCO License # 3105107  
 City/State/Zip: SACRAMENTO CA 95825 City/State/Zip: SACRAMENTO, CA 95819  
 Phone: 916-482-9072 Phone: 530-1072-8246 FAX: 530-1072-8714

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

Description of Work: 210-WP UNIT & COIL-SAME LOCATION CITY OF STOCKTON

MARK 2-2-2005

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ <input type="checkbox"/> GARAGE # Stories 1 2 3+ Material: _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> C-A-I-H <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ 3009.78 Equipment: \$ _____ Ducts: \$ _____	(Residential ONLY) <input checked="" 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"/> Radiocable <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR	(Residential ONLY) <input type="checkbox"/> NEIGHBORHOODS <input type="checkbox"/> MAJOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amperes _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement

\* Design Review approval may be required.

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\*NOTE: Correction Notice items will require an additional building permit.

IRF-Faxback Permit updated 12/08/01

TRANSMISSION VERIFICATION REPORT

TIME : 03/22/2005 10:59  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 03/22 10:58  
 FAX NO./NAME 915306228714  
 DURATION 00:01:16  
 PAGE(S) 04  
 RESULT OK  
 MODE STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

\*COPY\* 03/22/2005

RECEIPT NUMBER: R0504743

TRANSACTION DATE: 03/22/2005  
 TRANSACTION AMOUNT: 185.59  
 NOTATION:

APD #: **0503842**  
 SITE ADDRESS: 8097 ARROYO VISTA DR SAC  
 PARCEL: 117-1120-016

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

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		185.59

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	1.23	.00	1.23
213	General Plan Surcharge	1760	2.36	.00	2.36
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00