

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

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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

ISSUED

MAR 22 2005

Sacramento Building Division

PAID
CITY OF SACRAMENTO

MAR 22 2005

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

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 C43 License Number 315102 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 _____ Owner Signature _____

MAR 22 2005

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 built complies with 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.

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 01-20030140 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 <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sills/struts <input type="checkbox"/> Foundation <input type="checkbox"/> Foundation <input type="checkbox"/> Foundation	(Residential ONLY) <input type="checkbox"/> NEIGHBORHOODS <input type="checkbox"/> MAJOR ELECTRICAL and/or MINOR <input type="checkbox"/> PLUMBING <input type="checkbox"/> Electric Service Change <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-pump <input type="checkbox"/> Water <input type="checkbox"/> Waste

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

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