

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

\*COPY\* 06/06/2005

**ISSUED**

RECEIPT NUMBER: R0509900

JUN 06 2005

TRANSACTION DATE: 06/06/2005  
TRANSACTION AMOUNT: 196.02  
NOTATION:

Sacramento Building Division

APD #: **0507918**  
SITE ADDRESS: 6929 SAILBOAT WY SAC  
PARCEL: 030-0700-042

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	196.02

**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	5.08	.00	5.08
207	Strong Motion (SMI)	1600	1.27	.00	1.27
213	General Plan Surcharge	1760	7.67	.00	7.67
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

**PAID**  
CITY OF SACRAMENTO

JUN 06 2005

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Building Permit

*dlr*

CITY OF SACRAMENTO



BUILDING DIVISION  
(916) 800-BLDG (2434)

Office Use Only

ISSUED

Permit No: 0507918  
Date Issued: 6/6/05  
Total Amount: 18,796.02

JUN 06 2005

Sacramento Building Division

Please Fill in the Following

Site Address: 1829 S. Abbott Way, Sac. Ca. 95831

Nature of Work: garage structure with 50-year dimensional  
fit with 15-ft and rest with 50-year dimensional

*Comp  
app. Dr.  
3/1/06*

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. 3077, Civ. C).  
Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

LICENSED CONTRACTOR'S 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 BC39 License Number 108335 Date 10-2-05 Signature \_\_\_\_\_

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor License Law for the following reason (Sec. 7015, Business and Professions Code):  
I, as owner of the property, or my employee with wages at their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor 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 Contractor 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 Contractor 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 requirements and standards shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to parcelable 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.

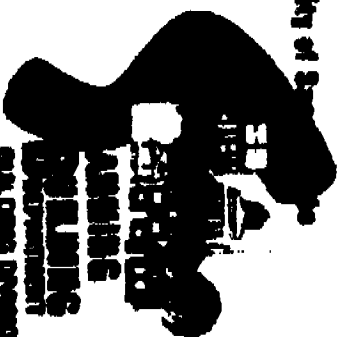
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the above-described property for inspection purposes.  
Date 6-3-05 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:  
I have had and will maintain a certificate of coverage 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 had 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 \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

(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 6-3-05 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.



**FAYBACK PERMIT APPLICATION**  
(Customer / Contractor / Agency)

Fastest 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 your 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 (single)**   
 Job Address: 12929 Seaboard Way, Seacrest, WA 98148  
 Unit # 1007

<b>Contract Phone 1</b> 12-1100-5 <b>Contract Phone 2</b> 12-1100-5 <b>Contractor</b> HOLLAS Bored Construction <b>Address</b> 1082-1186 Ave A-2021 <b>Phone</b> 206-252-1186 <b>City/State/Zip</b> Seattle WA 98107	<b>Contractor</b> HOLLAS Bored Construction <b>Address</b> 1082-1186 Ave A-2021 <b>Phone</b> 206-252-1186 <b>City/State/Zip</b> Seattle WA 98107
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**NATURE OF WORK:** (Provide detailed description of work & indicate type of work in sections below.)

Description of Work: Deck-off Reshock with 9/16" OSB Plywood Self with 15-16 self  
 and roof with 20-year Dimensional Composition Shingles

<input checked="" type="checkbox"/> <b>REINFORCING</b> (including tie) <input type="checkbox"/> REBAR-OUT <input type="checkbox"/> DRYSSET <input type="checkbox"/> HOUSE <input type="checkbox"/> HOUSE	<input type="checkbox"/> <b>ROOFING</b> (See V) <input type="checkbox"/> SHINGLES <input type="checkbox"/> MEMB <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Nail Nails <input type="checkbox"/> Ridge <input type="checkbox"/> Split g-ble <input type="checkbox"/> Roof repair <input type="checkbox"/> (See V) <input type="checkbox"/> Nail ramp or start unit on	<input type="checkbox"/> <b>WATER HEATER</b> <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Leaking to Gas <input type="checkbox"/> Repairs <input type="checkbox"/> New	<input type="checkbox"/> <b>WATER ELECTRIC and/or GAS PLUMBING</b> <input type="checkbox"/> Electric Service Change <input type="checkbox"/> Over electric circuits <input type="checkbox"/> Repair <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
<input type="checkbox"/> <b>WOODWORK</b> <input type="checkbox"/> 1x4 <input type="checkbox"/> 2x4 <input type="checkbox"/> 4x4 <input type="checkbox"/> Plym <input type="checkbox"/> Shutter	<input type="checkbox"/> <b>STRUCTURAL</b> <input type="checkbox"/> NAIL PLATE <input type="checkbox"/> FLOOR JOIST <input type="checkbox"/> Other (describe below) Note: Design Review approval may be required.	<input type="checkbox"/> <b>DRY ROT OR TERMITE DAMAGE REPAIR</b> <input type="checkbox"/> Floor Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Easement <input type="checkbox"/> Change Service approval by engineer <input checked="" type="checkbox"/> <b>PUBLIC UTILITIES SAFETY INSPECTION*</b> (Method and depth specified with OIR, V) <input type="checkbox"/> SATED <input type="checkbox"/> RECAL	<input type="checkbox"/> <b>NOTE:</b> Construction starts will require a "NOTICE" without Building Permit.

*[Handwritten signature]*

TRANSMISSION VERIFICATION REPORT

TIME : 06/06/2005 11:49  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 06/06 11:47  
 FAX NO./NAME 96827636  
 DURATION 00:02:30  
 PAGE(S) 04  
 RESULT OK  
 MODE STANDARD  
 ECM

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