

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2005 10:44
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	09/20 10:43 97976030 00:00:45 03 OK STANDARD ECM
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CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0517941
 TRANSACTION DATE: 09/20/2005
 TRANSACTION AMOUNT: 187.37
 NOTATION:

APD #: **0514527**
 SITE ADDRESS: 2125 63RD AV SAC
 PARCEL: 047-0054-011

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

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

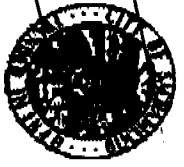
Type	Method	Description	Pymt Amount
Payment	Cash		187.37

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	1.92	.00	1.92
207	Strong Motion (SMI)	1600	.50	.00	.50
213	General Plan Surcharge	1760	2.95	.00	2.95

047-0054-011

0574527



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-5636 OR 1-966-EZ-PERMIT
Inspection: 1-916-908-4677

2R



Downtown Permit Center 1-916-264-8807
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day. Contractors must have a current certificate of Worker Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fee.

ISSUED
CITY OF SACRAMENTO
SEP 20 2005
DOWNTOWN PERMIT

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL the following information MUST be provided:

Credit Card Information on File? Yes No
Job Address: 1145 63rd Ave, Sacramento 95822 Unit # 4800 Contract Price \$ 4800
Contact Person: Paula Fischer
Property Owner: SHRA
Address: 320 Commerce Circle
City/State/Zip: Sacramento CA 95815
Phone: 916-566-1231
Contractor: TEAM BUILDING SERVICES INC.
Address: PO Box 8702
City/State/Zip: Granite Bay CA 95746
Phone: 916-797-9306

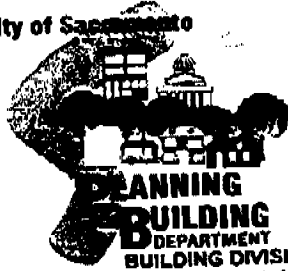
Description of Work: _____
Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>11</u> Material: <u>Asph/Flt</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Shucoco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> Heat Pump Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Curtain <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: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitie Damage Repair (Describe Locations Below)	<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 Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMLCD <input type="checkbox"/> PG&E
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*Design Review approval may be required.

PBF10002

City of Sacramento



Inspection Request # (916) 264-7622

Building Permit

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

Permit No: 0514527
Date Issued:
Total Amount:
Insp Area #: 2R

ISSUED
CITY OF SACRAMENTO
SEP 20 2005
DOWNTOWN PERMIT CENTER

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

Site Address: 2125 63rd Ave, Sacramento CA 95822
Nature of Work: Re-Roof

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: B License Number: 833485 Date: 9/15/05 Signature: Paula Fischer

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 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 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: 9/15/05 Applicant/Agent Signature: Paula Fischer

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: Expiration Date:
Policy Number:

X (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: 9/15/05 Applicant Signature: Paula Fischer

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.

PBF10004