

CITY OF SACRAMENTO CASHIER'S WORKSHEET

ISSUED

COPY 05/09/2005

RECEIPT NUMBER: R0507932

MAY 09 2005

TRANSACTION DATE: 05/09/2005
TRANSACTION AMOUNT: 185.96
NOTATION:

Sacramento Building Division

APD #: **0506418**
SITE ADDRESS: 5931 JACINTO AV SAC
PARCEL: 117-0890-003

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	185.96

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	1.60	.00	1.60
213	General Plan Surcharge	1760	2.36	.00	2.36
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

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Sacramento Building Division

City of Sacramento

Building Permit



ISSUED

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

Permit No: 0506418
Date Issued: 5/9/05
Total Amount: 185.96
Insp Area #: 2

MAY 09 2005
Sacramento Building Division

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

Site Address: 5931 Jacinto Ave.
Nature of Work: HVAC changeout

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: 20 C39 License Number: 126129 Date: 5/6/05 Signature: Chalynn Masters

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.3, Business and Professions Code): my 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 7031.3 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 agree 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-referenced property for inspection purposes.

Date: 5/6/05 Applicant/Agent Signature: Chalynn Masters

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: Financial Pacific
Policy Number: 170334A Expiration Date: 09-28-05

(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: 5/6/05 Applicant Signature: Chalynn Masters

WARNING: FAILURE TO SECURE WORKERS 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 3702 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

City of Sacramento



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Permit 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:

Job Address: 5931 ACACIA AVE.
Parcel Number: _____
Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Job Address: 5931 ACACIA AVE.

Contract Price \$ 4,000

UNIT # _____

CONTACT PERSON: OMALINA MASTERS

CONTACT PHONE: 916 685-4616

Property Owner: DOYF. MAWICILL

Contractor: BEI PROS. HEATING & AIR License # 726129

Address: 5931 ACACIA AVE

Address: 9195 SWERVEY RD.

City/State/Zip: SACRAMENTO, CA 95823

City/State/Zip: ELK GROVE, CA 95624

Phone: 916 681-0231

Phone: 916 685-4616

FAX: 916 686-5293

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

HVAC CHANGE-OUT

Description of Work: _____			
<u>HVAC CHANGE-OUT</u>			
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ <input type="checkbox"/> GARAGE # SQUARES _____ # Stories: 1 _____ 2 _____ 3+ _____ Material: _____	<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"/> OIL-FI <input type="checkbox"/> Heat pump or boiler unit to gas.	<input type="checkbox"/> (Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric In Gas <input type="checkbox"/> Reroute <input type="checkbox"/> New	<input type="checkbox"/> (Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # strips _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-placement <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"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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"/> OIL-FI <input type="checkbox"/> Heat pump or boiler unit to gas. Value of duct work: _____ Equipment: \$ _____ Cost: \$ _____	<input type="checkbox"/> (Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric In Gas <input type="checkbox"/> Reroute <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR	<input type="checkbox"/> (Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # strips _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-placement <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
* Design Review approval may be required.			
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* NOTE: Connection Notice (same will require an additional building permit).			
NOT Faxed! Faxed started 12/20/01			

Handwritten initials

TRANSMISSION VERIFICATION REPORT

TIME : 05/09/2005 08:57
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 05/09 08:56
 FAX NO./NAME 96865293
 DURATION 00:00:49
 PAGE(S) 04
 RESULT OK
 MODE STANDARD
 ECM

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