CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 05/02/2005

RECEIPT NUMBER: R0507442

TRANSACTION DATE: 05/02/2005 TRANSACTION AMOUNT: 187.35

NOTATION:

ISSUED

APD #: 0506040

SITE ADDRESS: 3696 STARSTONE WY SACMAY 0 2 2005

PARCEL: 049-0480-056

Mixed Income Housing

Fee Program

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TYPE: Bldg Minor Permit Socramento Building Division

SUB-TYPE: RES HOUSING: N

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	. Credit C	TEETER	187.35

RECEIPT ACCOUNT ITEM LIST

Class # Description	Item #	Total Fee	Prev Pymt	Current Pymt
200 PermitBuilding-Res 206 City Business Oper Tax 207 Strong Motion (SMI) 213 General Plan Surcharge	1100 1730 1600 1760 1750	175.00 1.90 .50 2.95 7.00	.00 .00 .00 .00	175.00 1.90 .50 2.95 7.00

ISSUED

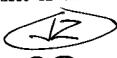
MAY 0 2 2005

Sacramento Building Division

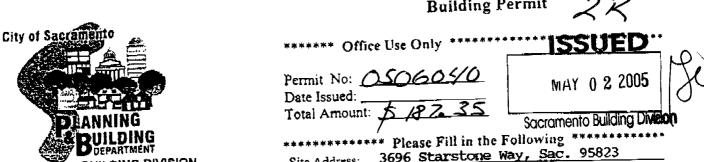
FROM:

IN PROGRESS INSPECTION REQUIRED

Apr. 29 2005 12:47PM P2



Building Permit



3696 Starstone Way, Sac. 95823 Site Address: BUILDING DIVISION Remove existing 3 tab comp Nature of Work: (916) 808-BLDG (2534) & install 30 yr. comp. ********* 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 Address_ Londer's Name 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 Affect. __ Date ____09/30/05 ___ Signature_ __ License Number ___ 627655 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 8 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 L, 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 hundred dollars (\$500.00); for sale (Sec. 7044, Business and Professional 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code the purpose of sale.) 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). B & PC for this reason: i am exempt under Sec. _ 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 country 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. Applicant/Agent Signature WORKER'S COMPENSATION DECLARATION: Thereby 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 State Fund 01/01/06 Expiration Date Policy Number 046-05 0006505 (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 4/29/05 Applicant 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.

FAXBACK PERMIT APPLICATION

City of Sacial

(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, <u>ALL</u> of the following information

COMMERCIAL (limited) [] Unit # 987-9400 627655 FAX: (916) License # Cly/State/Zip: Orangevale, CA 95662 Phone: (916) 988-9100 APARTMENTS (4+ units per building) (916) 988-9100 MUST be provided: Contractor: Roof Life Co. Address: P.O. Box 2107 Contract Price \$ 4,750.00 CONTACT PHONE: Sacramento, CA 95823 RESIDENTIAL IX Sacramento, CA 95823 Rick & Gayle Haynes 3696 Starstone Way (916) 393-6992 0%0 3696 Starstone Way, Steve Clark Fax # (916) 264-1901 Property Owner: CONTACT PERSON: City/State/Zip: Parcel Number: Address: Job Address: Phone:

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

IRED	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING Electric Service Change # amps New electric circuits
IN PROGRESS INSPECTION REQUIRED	(Residential ONLY) WATER HEATER CAS CLANDS Change-out Change-out Relocate New New REPAIR REPAIR REPAIR Residential and shigle apartment units ONLY) (Residential and shigle apartment units ONLY) CANUD CARACTERMITE DAMAGE REPAIR DESIGN Review approval may be required. CASTELITIES SAFETY INSPECTION * (Residential and shigle apartment units ONLY) CANUD CASTELIAN ONLY) CASTELIAN NOTE: Correction Notice litems will require an additional building permit.
comp & install 30 yr comp	(Residential ONLY) THYAC INSTALLATIONS NEW CHANGE-OUT Heat Pump Package Split system Roof mount Cut-in Heat pump or elect. unit to gas: Wall furnace Rivaline of duct work: Equipment: Cut-in Squipment: Equipment: Cut-in By and furnace Cut-in Cut-in By and furnace Cut-in Cut-in By and furnace Cut-in Bosign Review approval may be required.
Description of Work: Remove existing comp & install 30 yr comp	# Stories # Stor

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BUILDING DIVISION

BUILDINGDEPARTMENT

ANNING

PHONE NO.

MODE = MEMORY TRANSMISSION

START=MAY-02 08:41

END=MAY-02 08:48

FILE NO.=394

COMM. STN

ONE-TOUCH/ STATION NAME/EMAIL ADDRESS/TELEPHONE NO.

PAGES

DURATION

NO.

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Mixed Income Housing Fee Program. 22

HOUSING: N

STATUS: ISSUED

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