

TRANSMISSION VERIFICATION REPORT

TIME : 08/01/2006 13:50
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/01 13:49
 FAX NO./NAME : 96865293
 DURATION : 00:00:44
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0614060

TRANSACTION DATE: 08/01/2006
 TRANSACTION AMOUNT: 188.93
 NOTATION:

PAID
 CITY OF SACRAMENTO

AUG 01 2006

NEW CITY HALL

ISSUED
 CITY OF SACRAMENTO
 AUG 01 2006
 DOWNTOWN PERMIT
 CENTER
 LMC

APD #: 0611663
 SITE ADDRESS: 7457 WINDBRIDGE DR SAC
 PARCEL: 031-0610-032

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

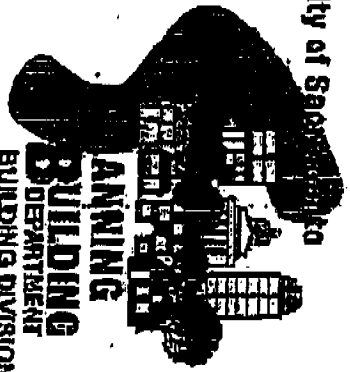
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	188.93

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	2.80	.00	2.80
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



FAXBACK PERMIT APPLICATION
(certain restrictions apply)

06/16/03

WORK

Faxed request received in this office before 3:30 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:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 1451 Windbridge Dr.
Parcel Number: _____
Credit Card into on file? Yes No

Fax # (916) 264-1801
Inspection Request # (916) 264-7822

Contract Price \$ 1000 Unit # _____

CONTACT PERSON: Chaym Masters
Property Owner: Robert Fuertes
Address: 1451 Windbridge Dr.
City/State/Zip: Sacramento, CA 95831
Phone: 916 424-1029
Contractor: Bill Bos Heating & Air - License # 726129
Address: 9195 Survey Rd.
City/State/Zip: Elk Grove, CA 95624
Phone: 916 685-4616 FAX: 916 686-5793

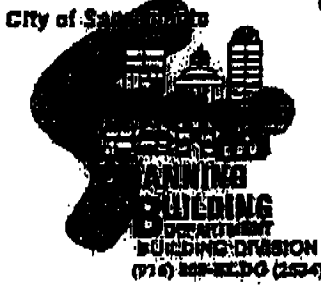
NATURE OF WORK: (Provide detailed description of work & indicate type of work in sections below.)

HVAC REPLACEMENT

<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"/> Fossil Pump <input type="checkbox"/> Fossil system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Fossil pump or extd. unit to gas <input type="checkbox"/> Wet furnace <input type="checkbox"/> Fossil gas insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cont'd: \$ _____ * Design Review approval may be required.	<input 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"/> Reducible <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMINAL DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Extend * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and design apartment units ONLY) <input type="checkbox"/> SEWID <input type="checkbox"/> PG&E *NOTE: Concession Motor Terms will require an additional building permit.	<input type="checkbox"/> Electric Service Change # amps: _____ <input type="checkbox"/> New electric circuit <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

PAID
CITY OF SACRAMENTO

Building Permit **ISSUED**
CITY OF SACRAMENTO



AUG 01 2006

Office Use Only

NEW CITY MAIL No:

0611663

Date Issued:

Total Amount:

Insp Area #:

AUG 01 2006
DOWNTOWN PERMIT
CENTER

Inspection Request # (916) 264-7622

Please Fill In the Following

Site Address:

7457 Windbridge Dr.

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. 3697, 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

C20 C30

License Number

726129

Date

7/28/06

Signature

Oralyn 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. 7031.5, 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 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

7/28/06

Applicant/Agent Signature

Oralyn 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 this 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: Financial Pacific

Policy Number: 170324A

Expiration Date: 04-28-05

(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 these provisions.

Date

7/28/06

Applicant Signature

Oralyn Masters

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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

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