

TRANSMISSION VERIFICATION REPORT

TIME : 08/24/2005 08:57
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME	08/24 08:55
FAX NO./NAME	93878032
DURATION	00:02:17
PAGE(S)	03
RESULT	OK
MODE	STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 08/24/2005

RECEIPT NUMBER: R0515699

TRANSACTION DATE: 08/24/2005
 TRANSACTION AMOUNT: 266.71
 NOTATION:

APD #: 0512795

SITE ADDRESS: 5024 U ST SAC
 PARCEL: 011-0136-022

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		266.71

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	250.00	.00	250.00
205	City Business Oper Tax	1730	2.58	.00	2.58
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	10.00	.00	10.00



Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION

(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 starts before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

0822795

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

26671

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 5024 - H ST Unit # _____
 Parcel Number: _____
 CONTRACT PERSON: WENDY DWAYNE
 Property Owner: WENDY DWAYNE
 Address: 5024 - H ST
 City/State/Zip: SACRAMENTO, CA 95817
 Phone: 455-7970
 Contract Price \$ 6,450.00
 CONTRACT PHONE: 455-7970
 Contractor: MARTIN HANCOCK License # 735542
 Address: 5451 - WILLOW ST WAT #109
 City/State/Zip: SACRAMENTO, CA 95826
 Phone: 82-8574 FAX: 38758828

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

Description of Work: INSTALL NEW HVAC PACKAGE UNIT ROOF MOUNT AUG 24 2005
INSTALL GAS LINE

<input type="checkbox"/> REOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOSE <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW HANG-OUT <input type="checkbox"/> Heatump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof/ouni <input type="checkbox"/> Cut-in <input type="checkbox"/> Heatump or elect unit to gas. <input type="checkbox"/> Wall race <input type="checkbox"/> Fire face insert <input type="checkbox"/> Other describe below)	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric t/Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <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-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"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of duct work: _____ Equipment: \$ <u>50.00</u> Cut-in: \$ <u>10.00</u> * Design Review approval may be required.	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mid sill/Studs <input type="checkbox"/> Exteror * Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment's ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice Items w/ require an additional building permit.

* Design Review approval may be required.

IVR Faxback Permit updated 12/09/03



Building Permit

***** Office Use Only *****
ISSUED
CITY OF SACRAMENTO
 Permit No: _____
 Date Issued: AUG 24 2005 *KM*
 Total Amount: _____ **DOWNTOWN PERMIT CENTER**

***** Please Fill in the Following *****
 Site Address: 5024-LI ST
 Nature of Work: INSTALL NEW HVAC PACKAGE UNIT ROOF MOUNT + INSTALL GAS LINE

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 C License Number 735542 Date 8-22-05 Signature Arland Allhudson

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 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 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: **ISSUED CITY OF SACRAMENTO**

Date _____ Owner Signature _____ **AUG 24 2005**

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 8-22-05 Applicant/Agent Signature Arland Allhudson

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 STATE FUND
 Policy Number 1625930 Expiration Date 2-10-06

(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 8-22-05 Applicant Signature Arland Allhudson

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.