

IN PROGRESS INSPECTION REQUIRED

City of Sacramento



BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

ISSUED

See

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

Permit No: 04-06198
Date Issued: 4/22/04
Total Amount: \$195.50
RR

APR 22 2004
Sacramento Building Division

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

Site Address: 5618 DELCLIFF Circle
Nature of Work: TEAR OFF STAKES Reseath
INSTALL GAF Grand Canyon

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-39 License Number 714481 Date 4/22/04 Signature Mark Moran

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 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 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 4/22/04 Applicant/Agent Signature Mark Moran

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:

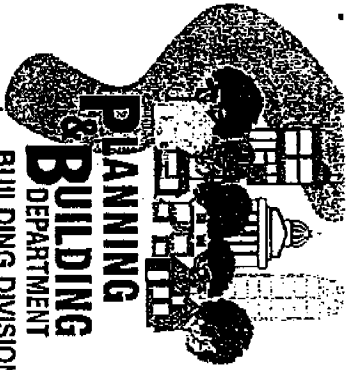
Carrier State Fund Policy Number 046-010909 Expiration Date 1-1-05

(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 4/22/04 Applicant Signature Mark Moran

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.



Fax # (916) 264-1901

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, ALL of the following information MUST be provided:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 5618 DELCLOFF CIRCLE	Contract Price \$ 27,000.00	Unit #
Parcel Number: 024-0450-038	CONTACT PHONE: 686-6003	
CONTACT PERSON: MARK MORAN	Contractor: Superb Enterprises License # 714481	
Property Owner: Dan Wackerford	Address: 9512 DURARRE WY	
Address: 5618 DELCLOFF CIRCLE	City/State/Zip: SACTO 95831	City/State/Zip: ELK GROVE 95624
Phone: 422-1429	Phone: 686-6003	FAX: 686-6012

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

Description of Work: TEAR OFF SHAKES Reseath Install. GAF Grand Canyon Shingles

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 40 <input checked="" type="checkbox"/> GARAGE # SQUARES 2 # Stories 1 Material: GAF Grand Canyon	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Roof <input type="checkbox"/> Cull-in <input type="checkbox"/> Heat pump or elect. unit to gas.	<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"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRICAL 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"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> MudSill/Studs <input type="checkbox"/> Exterior	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E

* Design Review approval may be required.

* Design Review approval may be required.

*NOTE: Correction Notice items will require an additional building permit.

I/R Faxback Permit updated 12/09/01

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0406198
Bldg Minor Permit
as of 04-22-2004 Permit Status: READY

Site Address: 5618 DELCLIFF CR SAC
Parcel No: 024-0450-038
Thomas Bros: 317A4

CONTRACTOR
SUPERB ENTERPRISES INC
9512 DURANGO WAY
ELK GROVE CA 95624
Phone: 916-628-2536

OWNER
WACKFORD DONALD E/BARBARA M
5618 DELCLIFF CR
SACRAMENTO CA 95822
Phone:

ARCHITECT

Phone:

Nature of Work: T/O,RESHEET,&RROOF 1 STORY HOUSE & GARAGE W/40 SQS COMP

Permit Valuation: \$27,000.00
Square Footage: 0

Building Permit	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$2.70	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$10.80	Regional Sanitation Fee.:	\$0.00
Technology Fee	\$7.00	Pocket Area Road	\$0.00
Housing Surcharge	\$0.00	SAFCA Fee	\$0.00
Res Const Tax	\$0.00	North Natomas	\$0.00
Penalty Fee	\$0.00	FBA-Jacinto Creek.....	\$0.00
Inspections	\$0.00	Refund	\$0.00
Replace Cards	\$0.00		
Renewal Fee	\$0.00	Additional Fees	\$0.00
Water Meter Fee	\$0.00		
		TOTAL FEES	\$195.50
		Payments	\$0.00
		BALANCE DUE	\$195.50

PAID
CITY OF SACRAMENTO

APR 22 2004

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MESSAGE CONFIRMATION

04/22/2004 10:55
ID=2ND FLOOR PLANNING

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
04/22	00'51"	916 686 6012	CALLING	004	OK 0000

04/22/2004 10:49 2ND FLOOR PLANNING → 96866012 NO.596 0001

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0406281

TRANSACTION DATE: 04/22/2004
TRANSACTION AMOUNT: 195.50
NOTATION:

APD #: **0406198**
SITE ADDRESS: 5618 DELCLIFF CR SAC
PARCEL: 024-0450-038

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	195.50

RECEIPT ACCOUNT ITEM LIST