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**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

**PAID
CITY OF SACRAMENTO**

OCT 20 2006

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**

RECEIPT NUMBER: R0619459

TRANSACTION DATE: 10/20/2006
TRANSACTION AMOUNT: 187.25
NOTATION:

APD #: **0616413**
SITE ADDRESS: 4390 ARMADALE WY SAC
PARCEL: 119-0300-029

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

Mixed Income Housing
Fee Program
??

[Handwritten initials]

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	187.25

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	1.80	.00	1.80
207	Strong Motion (SMI)	1600	.50	.00	.50
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

**PAID
CITY OF SACRAMENTO**

OCT 20 2006

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**



Fax # (916) 808-1901
Inspection Request # (916) 284-7622

Building Permit PAID
CITY OF SACRAMENTO

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

OCT 20 2006

Permit No: 0616413
Date Issued: _____
Total Amount: _____
Insp Area #: _____

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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

Site Address: 390 Armadale Way, Sacto, CA 95823
Nature of Work: T/O existing comp roof, repair sheathing as needed, install 30 year dm comp shingles

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 C39 License Number 708153 Date October 20, 2006 Signature Deanna Mahesh

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 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 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: October 20, 2006 Applicant/Agent Signature Deanna Mahesh

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 _____
Policy Number _____ Expiration Date _____

(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: October 20, 2006 Applicant Signature Deanna Mahesh

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



0616413

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.

FAXBACK PERMIT APPLICATION
(certain restrictions apply)

City of Sacramento
PLANNING DEPARTMENT
BUILDING DIVISION
Fax # (916) 808-1901
Inspection Department (FAR) 954-7571

Credit Card Information on File? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 4390 Armadale
 Parcel Number: _____
 CONTACT PERSON: Desmond or Sheri Makihale
 Property Owner: Harry Rattvaha
 Address: 4390 Armadale Way
 City/State/Zip: Sacramento, CA 95823
 Phone: 427-7864
 Contract Price \$4,500.00
 CONTACT PHONE: 393-4926
 Contractor: South Sea Roofing
 Address: 2581 69th Avenue
 City/State/Zip: Sacramento, CA 95822
 Phone: 333-4626
 License # 709153
 FAX: 920-1556

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

Description of Work: TO existing composition roof, repair sheathing as needed, install 30 year dm. comp shingles

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE 25#SQUARES # Stories <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ Material: Centralized Landmark 30 yr dm. comp shingles	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Culch <input type="checkbox"/> Heat pump or ext. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describes below)	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out Electric to Gas <input type="checkbox"/> Re-wire	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change <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
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Ply <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of duct work: _____ Equipment: _____ Cut-in: _____	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Siding	(Residential and single apartment units ONLY) <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E

*Design Review approval may be required.

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

IVR Faxback Permit updated 12/09/01