

TRANSMISSION VERIFICATION REPORT

TIME : 07/27/2006 13:38
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 07/27 13:37
 FAX NO./NAME 97910444
 DURATION 00:00:51
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
 ECM

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

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0613778
 TRANSACTION DATE: 07/27/2006
 TRANSACTION AMOUNT: 193.63
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 JUL 27 2006
 DOWNTOWN PERMIT
 CENTER**

**PAID
 CITY OF SACRAMENTO
 JUL 27 2006
 NEW CITY HALL**

APD #: 0611435
 SITE ADDRESS: 1737 MARKHAM WY SAC
 PARCEL: 012-0045-047

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

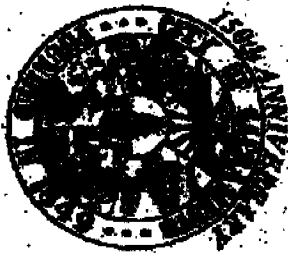
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pynt Amount
Payment	Credit C	TEETER	193.63

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pynt	Current Pynt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	4.11	.00	4.11
207	Strong Motion (SMI)	1600	1.03	.00	1.03
213	General Plan Surcharge	1760	6.49	.00	6.49
259	Bldg-Technology Surcharq	1750	7.00	.00	7.00



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
EXAKED PERMIT APPLICATION (certain restrictions apply)

06/14/05

DATE: 7/24/06

Permit request must be processed in this office by 3:00 p.m. to be processed the following work day.

Note: Contractors must carry a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a fine.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

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

JOB ADDRESS: 1737 Markham way

UNIT #: CONTRACT PRICE: \$ 10,275

CONTACT PERSON: Lisa Jones

CONTACT PHONE: 791-0408

Property Owner: Sally Myers

Contractor: Tim Jones Roofing License # 522-558

Address: 1737 Markham way

Address: 5600 Elm + Stillman Rd

City/State/Zip: 5041 CA, 95818

City/State/Zip: 95746

Phone: 443-8886

Phone: 791-8428

FAX: 791-0444

NATURE OF REQUEST:

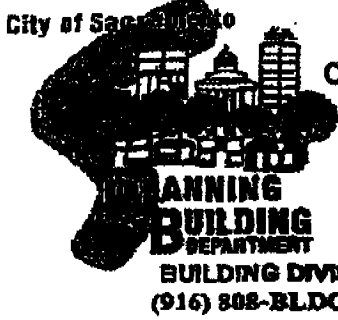
Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REPAIR (existing job) <input checked="" type="checkbox"/> TEAR-OUT <input checked="" type="checkbox"/> RESHIRT <input type="checkbox"/> ROOF OAK/KOOR <input type="checkbox"/> ROOF ONLY <input type="checkbox"/> ROOF COMPOSITION <input type="checkbox"/> RIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hard <input type="checkbox"/> 119/1 <p>Note: Design Review approval may be required in certain areas.</p>	<input type="checkbox"/> HVAC INSTALLATION (see details on p. 1) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> On-Is <input type="checkbox"/> Heat pump or other, will be gals. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) <p>Note: Design Review approval may be required for existing units.</p>	<input type="checkbox"/> WATER HEATER (see details on p. 1) <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 <p>Note: Design Review approval may be required in certain areas.</p>	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (see details on p. 1) <input type="checkbox"/> Electric Service Change # equip <input type="checkbox"/> New electric service <input type="checkbox"/> Re-rig <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Oil Line Replacement <input type="checkbox"/> Radiant <input type="checkbox"/> Water <input type="checkbox"/> Water <p>Note: Design Review approval may be required in certain areas.</p>	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (see details on page 2 of permit application) <input type="checkbox"/> SMUD <input type="checkbox"/> PGB <p>*NOTES: Correction Notice Items will require an additional building permit</p>
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DESCRIPTION OF WORK:

Tear off 3 roofs Reshert 7/16 OSB Board
Re-roof with ELM presiding of 30 year Comp.

Expedited form (not online) (9/1/2003)



PAID

CITY OF SACRAMENTO Office Use Only

Building Permit

ISSUED CITY OF SACRAMENTO

JUL 27 2006 Permit No: 0611435

Date Issued:

JUL 27 2006

NEW CITY HALL

Total Amount:

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 1737 Markham Way

Nature of Work: T.D. 3 Roofs, 2 sheets 7/16 OSB, re-roof w/ EIA Protection 30yr

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).

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.

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 employee 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 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 improvement. This building permit does not nullify 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 aforementioned property for inspection purposes.

Date: 7/26/06 Applicant/Agent Signature: Tim Jones

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: California of Durban Corp Policy Number: 96-007246-0-02 Expiration Date: 01/08

(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: 7/26/06 Applicant Signature: Tim Jones

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 FEE.

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