

TRANSMISSION VERIFICATION REPORT

TIME : 10/10/2006 09:22
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 10/10 09:21
FAX NO./NAME 93542862
DURATION 00:01:17
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

Rivera

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0618650
TRANSACTION DATE: 10/10/2006
TRANSACTION AMOUNT: 197.76
NOTATION:

**ISSUED
CITY OF SACRAMENTO
OCT 10 2006
DOWNTOWN PERMIT
CENTER** *He*

APD #: 0615560
SITE ADDRESS: 6345 FORDHAM WY SAC
PARCEL: 024-0392-012

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

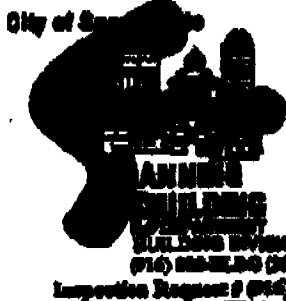
Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	197.76

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	6.32	.00	6.32
213	General Plan Surcharge	1760	9.44	.00	9.44
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

Office Use Only ISSUED CITY OF SACRAMENTO OCT 10 2006 DOWNTOWN PERMIT CENTER

Permit No: 0615800 Date Issued: 10-5-06 Total Amount: \$197.76 Insp Area #: 2

Site Address: 6345 Fordham Way Name of Work: Remove Sheetrock, install new plywood, tile, tile, vinyl, replace ceiling tile, tile fascia

CONSTRUCTION LENDING AGENCY... Leader's Name: [Signature]

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9... License Class: C-3A License Number: 706468 Date: 10/5/06

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Construction License Law... I am exempt under Sec. B & PC for the reason:

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 applicant's accompanying drawings and that the improvements to be constructed does not violate any law or private agreement relating to permissible established locations for such improvements.

I certify that I have read this application and 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 above-described property for inspection purposes.

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... Policy Number: 2246 Expiration Date: 12/31/06

This section need not be completed if the permit is for \$100 or less. I shall not employ any person in any manner so as to perform 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.

WARNING: FAILURE TO MAINTAIN WORKERS' COMPENSATION COVERAGE WILL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (SHALL) IN ADDITION TO THE COST OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3746 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



City of Everett

FAYBACK PERMIT APPLICATION

(certain restrictions apply)

06/15/2006
AREA 2

Permit required 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 good faith.

Permits requiring plan review are not eligible for FAYBACK

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

Residential ()

Commercial ()

Commercial ()

Commercial ()

Commercial ()

Commercial ()

KAR-10/2008 09:47 916-264-1901

OCT-05-2006 11:55 PM

JOB NUMBER: 03578
 PROJECT NUMBER: 151898
 PERMIT NUMBER: 812-266
 PROPERTY OWNER: Dorella Ruyter
 ADDRESS: 6325 Evergreen Way
 CITY: Everett
 ZIP: 98203
 PHONE: 361-2557

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

Remove existing spare 100T, install 1/2" plywood and prep T-cong and surge protectors by 7th floor gutter.

<input type="checkbox"/> REMODEL (including but not limited to): <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> ROOFING <input type="checkbox"/> GARDEN <input type="checkbox"/> SIGNAGE <input type="checkbox"/> WOOD <input type="checkbox"/> T-111 <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> ELEVATOR <input type="checkbox"/> STAIRS <input type="checkbox"/> GLAZING <input type="checkbox"/> SCAFFOLDING <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> HVAC REPAIR/ALTERATIONS <input type="checkbox"/> ROOFING <input type="checkbox"/> INSULATION <input type="checkbox"/> EXTERIOR FINISHES <input type="checkbox"/> PAINTING <input type="checkbox"/> FLOORING <input type="checkbox"/> CEILING <input type="checkbox"/> LIGHTING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EXHAUST <input type="checkbox"/> RADIANT HEATING <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> EXTERIOR FINISHES <input type="checkbox"/> PAINTING <input type="checkbox"/> FLOORING <input type="checkbox"/> CEILING <input type="checkbox"/> LIGHTING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EXHAUST <input type="checkbox"/> RADIANT HEATING <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> EXTERIOR FINISHES <input type="checkbox"/> PAINTING <input type="checkbox"/> FLOORING <input type="checkbox"/> CEILING <input type="checkbox"/> LIGHTING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> GAS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> EXHAUST <input type="checkbox"/> RADIANT HEATING <input type="checkbox"/> OTHER (describe below)
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99315 2-002/003

DEVELOPMENT SERVICES

CC on file woe 10st and cancelled. Please call for new #.