

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 10/26/2004

RECEIPT NUMBER: R0419604

TRANSACTION DATE: 10/26/2004
TRANSACTION AMOUNT: 78.84
NOTATION:

APD #: **0418049**
SITE ADDRESS: 7277 CAMINO DEL REY ST SAC
PARCEL: 031-0145-016

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

JL
ISSUED

OCT 26 2004

Mixed Income Housing
Fee Program
??

Sacramento Building Division

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.84

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.84	.00	.84
259	Technology Surcharge	1750	3.00	.00	3.00

PAID
CITY OF SACRAMENTO

OCT 26 2004

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

Building Permit

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City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED

Permit No: 0418049
Date Issued: 10/26/04
Total Amount: 78.84
INSURANCE: 2K

OCT 26 2004

Sacramento Building Division

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

Site Address: 7277 CAMINO DEL REY
Nature of Work: WATER S.R.V.C. REPLACEMENT

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-20 License Number: 387145 Date: 10-25-04 Signature: Diane Moss

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 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: 10-25-04 Applicant/Agent Signature: Diane Moss

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: 0000093-2003 Expiration Date: 7/04
(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: 10-25-04 Applicant Signature: Diane Moss

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 FEES.

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

(certain restrictions apply)



BUILDING DEPARTMENT
BUILDING DIVISION
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:	7277 CAMINO DE LA REY ST			Unit #
Parcel Number:	031-0145-016			
CONTACT PERSON:	Diane			
Property Owner:	ANTHONY BARRIE			
Address:	7277 CAMINO DE LA REY ST			
City/State/Zip:	SACRAMENTO, CA. 95833			
Phone:		Contractor:	MCDONALD PHAC	License # 387145
		Address:	3618 Broadway	
		City/State/Zip:	Sacramento, CA 95817	
		Phone:	916-456-4738	FAX: 916-456-8257

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

WATER SERVICE REPLACEMENT

Description of Work:			
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # STORES: 1 2 3+ # STORIES: 1 2 3+		<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"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Outdoor <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Out-let: \$	
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Stucco		(Residential ONLY) <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"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mansard/Studs <input type="checkbox"/> Mantis/Studs <input type="checkbox"/> Public Utilities Safety Inspection* (Residential and single apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> PG&E		(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 checked="" 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	

Oct. 25, 2004 3:01 PM MC DONALD PLUMBING

* Design Review approval may be required.

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

MFR Faxback Permit updated 12/20/01

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY
FOR PERMIT #0418049**

**Bldg Minor Permit
as of 10-26-2004 Permit Status: READY**

Site Address: 7277 CAMINO DEL REY ST SAC

Parcel No: 031-0145-016

Thomas Bros: 337B2

CONTRACTOR

MCDONALD PLMBG HTG&AIR
3618 BROADWAY
SACRAMENTO CA 95817
Phone: 916-456-4738

OWNER

BRAKIE ANTHONY/FELICIA
7277 CAMINO DEL REY ST
SACRAMENTO, CA 95831
Phone:

ARCHITECT

Phone:

Nature of Work: REPLACE WATER SERVICE.

Permit Valuation: \$2,100.00

Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
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TOTAL FEES: \$78.84

Payments: \$0.00

BALANCE DUE: \$78.84

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NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=OCT-26 10:10

END=OCT-26 10:13

FILE NO.=988

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	94568257	004/004	00:02:25

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

CITY OF SACRAMENTO CASHIER'S WORKSHEET

*COPY# 10/26/2004

RECEIPT NUMBER: R0419604

TRANSACTION DATE: 10/26/2004

TRANSACTION AMOUNT: 78.84

NOTATION:

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PARCEL: 031-0145-016

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