

TRANSMISSION VERIFICATION REPORT

TIME : 05/01/2006 12:52
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 05/01 12:52
 FAX NO./NAME 93530203
 DURATION 00:00:00
 PAGE(S) 00
 RESULT BUSY
 MODE STANDARD

BUSY: BUSY/NO RESPONSE

Domco

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0607661
 TRANSACTION DATE: 05/01/2006
 TRANSACTION AMOUNT: 114.10
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 MAY 01 2006
**DOWNTOWN PERMIT
 CENTER**

APD #: 0606000
 SITE ADDRESS: 4533 BAUMGART WY SAC
 PARCEL: 237-0380-026
 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	114.10

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	108.00	.00	108.00
206	City Business Oper Tax	1730	.60	.00	.60
213	General Plan Surcharg	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	4.32	.00	4.32



Building Permit

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

ISSUED CITY OF SACRAMENTO MAY 01 2006 DOWNTOWN PERMIT CENTER

Permit No: 0606000 Date Issued: Total Amount: 114.00 Insp Area #: 4

Inspection Request # (916) 264-7623

Site Address: 4533 Baumgart Wy - Sacramento Nature of Work: run gas line from meter to cooktop counter

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: 536 License Number: 226505 Date: Signature:

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor license law for the following reason (Sec. 7044, Business and Professions Code): 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 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.

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: 4/27/06 Applicant/Agent Signature:

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain a certificate of amount 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: Wasatch National Insurance Policy Number: 01RR 0030-9533 Expiration Date: 4/1/08. (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: 4/27/06 Applicant Signature:

WARNING: FAILURE TO SECURE WORKERS 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.

PBF10004



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org
 Help Line: 1-916-264-8826 OR 1-800-EZ-PERMIT
 Inspection: 1-916-808-4877

North Permit Center 1-916-808-2364
 2101 Avenue Blvd., Suite 200, Sacramento, CA 95834 Fax # 916-264-1961

Designs Permit Center 1-916-264-8807
 1231 I Street, Suite 200, Sacramento, CA 95814

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to 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 a qual fee.

Permits requiring plan review are not eligible for FAXBACK

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

Credit Card Information on File: Yes No

Job Address: 4533 Palomar St Wg. Unit # 1500 Commercial (limited)

Contact Person: Yvonne Stappford Contract Price \$ 1500

Property Owner: Rudi Maltz Contact Phone: (916) 353-1203

Address: 4533 Palomar St Wg. Contractor: Domco Plumbing

City/State/Zip: Sacramento CA 95838 Address: PO Box 1398

Phone: (916) 353-0950 City/State/Zip: Folsom CA 95763

Phone: (916) 353-0203

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

Description of Work: Water Heater Plumbing Only

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reseal <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Starter: # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horz <input type="checkbox"/> Vinyl <input type="checkbox"/> Sausce	<input type="checkbox"/> HVAC Installations (Residential Only) <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"/> Chim <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Other (describe below) Value of direct work: _____ Equipment \$ _____ Outlay: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> Water Heater (Residential Only) <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 Termites (Describe Locations Below) * Design Review approval may be required.	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line <input type="checkbox"/> Resplumb <input type="checkbox"/> Water <input type="checkbox"/> Waste * Design Review approval may be required.	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMU Tr <input type="checkbox"/> PG&E NOTE: Correction Notice items will require an additional building permit.
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PBJF10002

CITY OF SACRAMENTO

Downtown - New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd, Suite 200
Sacramento, CA 95834

**FEE SUMMARY
FOR PERMIT #0606000**

**Bldg Minor Permit
as of 05-01-2006 Permit Status: READY**

Site Address: 4533 BAUMGART WY SAC
Parcel No: 237-0380-026
Thomas Bros: 277G1

CONTRACTOR
DOMCO PLUMBING INC
P O BOX 1398
FOLSOM CA 95763
Phone: 916-353-0203

OWNER
MALTEZ GUILLERMO J/TERESITA
4533 BAUMGART WAY
SACRAMENTO, CA 95838
Phone:

ARCHITECT

Phone:

Nature of Work: WATER HEATER CHANGE OUT & GAS LINE EXTENSION **GAS TEST**

Permit Valuation: \$1,500.00
Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	108.00	.00	108.00
206	City Business Oper Tax	1730	.60	.00	.60
213	General Plan Surcharge	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	4.32	.00	4.32

TOTAL FEES: \$114.10
Payments: \$0.00
BALANCE DUE: \$114.10