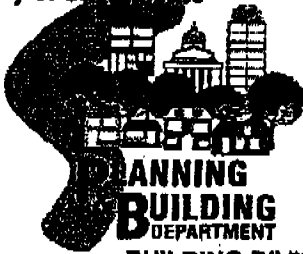


INSPECTION REQUIRED

Building Permit

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED

Permit No: 04-08568
Date Issued: 6/2/04
Total Amount: \$184.10

JUN 02 2004

Sacramento Building Division

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

Site Address: 6319 Sunrise South Dr.
Nature of Work: Repair Remove 1 layer
Install 30 yr. Dtm Low Camp.

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-39 License Number 370771 Date 6/1/04 Signature

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 8 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 Professional 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 6/1/04 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 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 1558739 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 6/1/04 Applicant Signature

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.

APN: 038-0342-006



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT

PERMITS DIVISION

WebSite: www.ci.sacramento.ca.us/permits
Help Line: 1-818-294-5685 OR 1-495-EZ-PERMIT
Inspector: 1-916-688-4877

Downstream Permit Center 1-916-264-4887
1221 J Street, Suite 200, Sacramento, CA 95811

North Permit Center 1-916-264-3254
2101 Arden Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXBACK PERMIT APPLICATION

(Certain conditions apply)

Faxed request must be received in this office by 5:00 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 fine.

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: Yes No
Address: 6317 Sunrise South Dr. Residential Apartments (4+ units per limitation) Commercial (limited)
Contract Person: Mike Murphy Unit # 4000-038
Property Owner: Louise Scoring Contractor: M-H Roofing 570771
Address: 6319 Sunrise South Dr. 9141 Cypress Ct.
City/State/Zip: Sacramento, CA 95829 Phone: 369-2511
Squares: 20
Make real: Sking Wood T-111 Brick Vinyl Stucco

Description of Work: Remove existing plaster

<input type="checkbox"/> Account (recalling file) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Restored <input type="checkbox"/> House <input type="checkbox"/> Garage <input checked="" type="checkbox"/> Shingles # Squares: 20 Make real: <input type="checkbox"/> Sking <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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 system <input type="checkbox"/> C/A <input type="checkbox"/> Fan pump or roof, and to <input type="checkbox"/> Whit Jammez <input type="checkbox"/> Other (describe below) Value of duct work: _____ Refrigerant: \$ _____ Outdoor: \$ _____	<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"/> Refurbish <input type="checkbox"/> New <input type="checkbox"/> Easy Roll or Termite Damage Repair (Describe location below)	<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 Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SATED <input type="checkbox"/> PG&E <p>* NOTE: Correction Notice areas will require an additional building permit.</p>
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PDF-10002

MODE = MEMORY TRANSMISSION

START=JUN-02 09:56

END=JUN-02 10:00

FILE NO.=487

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	a	93697511	004/004	00:03:32

-CITY OF SACRAMENTO -

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

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0408780

TRANSACTION DATE: 06/02/2004
TRANSACTION AMOUNT: 184.10
NOTATION:

APD #: 0408568
SITE ADDRESS: 6319 SUNRISE SOUTH DR SAC
PARCEL: 038-0342-006

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	TEETRR	184.10

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	1.60	.00	1.60
207	Strong Motion (SMI)	1600	.50	.00	.50
259	Technology Surcharge	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO
JUN 02 2004
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES