

TRANSMISSION VERIFICATION REPORT

TIME : 06/19/2006 14:31
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	06/19 14:30
FAX NO./NAME	93542862
DURATION	00:01:11
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Rivera

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0611107
 TRANSACTION DATE: 06/19/2006
 TRANSACTION AMOUNT: 200.53
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 JUN 19 2006
**DOWNTOWN PERMIT
 CENTER**

[Handwritten Signature]

APD #: 0609099
 SITE ADDRESS: 637 PIEDMONT DR SAC
 PARCEL: 024-0092-004

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	200.53

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	6.80	.00	6.80
207	Strong Motion (SMI)	1600	1.70	.00	1.70
213	General Plan Surcharge	1760	10.03	.00	10.03
259	Bldg-Technology Surcharq	1750	7.00	.00	7.00



Building Permit

ISSUED CITY OF SACRAMENTO JUN 19 2006 DOWNTOWN PERMIT CENTER

Office Use Only

Permit No: 0609099 Date Issued: 06.19.06 Total Amount: 200.52 Insp Area #: 2

Please Fill in the Following

Site Address: 637 Piedmont Drive Name of Work: Garage, Staircase, 5" Insula gutter

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.

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...

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the provisions of the Construction License Law for the following reasons (Sec. 7031.5, Business and Professions Code)...

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 improvements to be constructed do not violate any law or private agreement relating to prohibited or restricted locations for such improvements.

WORKER'S COMPENSATION DECLARATION: I have and will maintain a certificate of coverage to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued.

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 (EXCLUSIVE) 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.

95919 P.003/003

DEVELOPMENT SERVICES

MAR.10.2005 09:47 916-266-1901

0609099



FAYBACK PERMIT APPLICATION

(certain restrictions apply)

Final request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of their's Compensation Insurance. Work started before a Building Permit is issued will be subject to special fees.

Permits requiring plan review are not eligible for FAYBACK

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

City of Springfield Building Department
Fax #: (419) 264-1901
Inspection Request & Fee: 244-7222
Permit Center: First View II, NGE

RESIDENTIAL APARTMENTS (1+ units per building) COMMERCIAL (mixed)

Job Address: 637 Trenton Drive Contract Price: \$17000 (est) UNIT 1

Contact Person: Richard Rivie CONTACT PHONE: 814-266-7541-2532 (cell)

Property Owner: Richard Rivie Contractor: Sweet Copy 643 Union St 708168

Address: Same Address: 3475 Elderberry Dr 42683

City/State/Zip: 443-1218 City/State/Zip: Sloughhouse OH 44683

Phone: 443-1218 Phone: 304-2552 FAX: 304-2872

MANURE OF WORK: Provide detailed description of work & include type of work in sections below.)

and residential re-bar work

and re-bar work

at 51 Upper gates

<input checked="" type="checkbox"/> REPAIR (including but not limited to): <input type="checkbox"/> FLOORING <input type="checkbox"/> ROOFING <input type="checkbox"/> PAINTING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> FLOORING <input type="checkbox"/> ROOFING <input type="checkbox"/> PAINTING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <u>no needed</u> <input type="checkbox"/> FLOORING/ROOFING <input type="checkbox"/> ROOF STRUCTURE <input type="checkbox"/> EXTERIOR <input type="checkbox"/> MECHANICAL <input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> REMOVAL OF EXISTING AND/OR REPAIR <input type="checkbox"/> REBAR <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER (describe below)
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Notes: Concrete rebar work will require an additional application.