

# IN PROGRESS INSPECTION REQUIRED

# DESIGN REV. AREA



## Building Permit ISSUED

\*\*\*\*\* Office Use Only \*\*\*\*\*  
 Permit No: 04.09555  
 Date Issued: 6/16/04  
 Total Amount: \$185.04

JUN 16 2004  
 Sacramento Building Division

insp area 4R  
 \*\*\*\*\* Please Fill in the Following \*\*\*\*\*  
 Site Address: 1705 Keith Wy  
 Nature of Work: To Reroof w/30yr Com/DIM.  
 Comp. No OTHER WORK PERDES REV.

\*\*\*\*\* 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 407605 Date 6-15-04 Signature Jim Moylen

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 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 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 6-15-04 Applicant/Agent Signature Jim Moylen

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 773697-03 Expiration Date 10-04

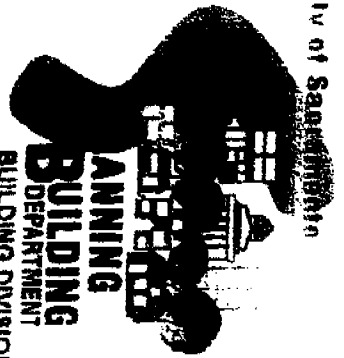
This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6-15-04 Applicant Signature James F Moylen

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 3700 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 San Francisco



BUILDING DEPARTMENT  
Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxback 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: 1705 - Keith Way  
 Parcel Number: 277-0194-018  
 CONTACT PERSON: Jim Moylen  
 Property Owner: Joleen Benfield  
 Address: [blank]  
 City/State/Zip: [blank]  
 Phone: [blank]  
 Contract Price: \$6085.00  
 CONTACT PHONE: 531-2793  
 Contractor: JIM  
 Address: [blank]  
 City/State/Zip: Elk Grove  
 Phone: 531-2793  
 License # 407605  
 Address: [blank]  
 City/State/Zip: Elk Grove  
 Phone: 95624  
 Fax: 6862606

Description of Work: Tear off 2 Camp roofs + Perog with 30yrs corp

REROOF (excluding tile)  TEAR-OFF  RES-SEE:  GARAGE  
 # Stories: 2  
 Material: 30yrs  
 DIMENSIONAL Corp  
 SIDING  
 Wood  
 T-111  
 Horiz  
 Vinyl  
 Stucco  
 HVAC INSTALLATIONS  
 NEW  CHANGE-OUT  
 Heat Pump  
 Package  
 Split system  
 Roof mount  
 Cut-in  
 Heat pump or elec vent to gas  
 Wall furnace  
 Fire Place insert  
 Other (describes below):  
 Value of duct work: \$  
 Equipment: \$  
 Duct-in: \$  
 WATER HEATER  ELECTRIC  
 Change-out  
 Electric to Gas  
 Relocate  
 New  
 DRY ROT OR TERMITTE DAMAGE REPAIR  
 Flooring/Joists  Mud/sill/Studs  
 Roof Structure  Exterior  
 \* Design Review approval may be required.  
 PUBLIC UTILITIES SAFETY INSPECTION \*  
 Residential and single apartment units ONLY  
 SMUD  PG&E  
 Additional Outlying permit  
 MINOR ELECTRIC and/or MINOR PLUMBING  
 Electric Service Change # amps  
 New electric circuits  
 Re-wire  
 Replacement  
 Water Service  
 Sewer Service  
 Gas line  
 Re-plumb  
 Water  
 Waste

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0409555**  
**Bldg Minor Permit**  
**as of 06-16-2004 Permit Status: READY**

Site Address: 1705 KEITH WY SAC  
Parcel No: 277-0194-014  
Thomas Bros: 278B7

CONTRACTOR  
JIM MOYLEN  
9056 LISMORE DR  
ELK GROVE 95624  
Phone: 916-686-6590

OWNER  
NIXON CARROLL B/JOSIE M  
1705 KEITH WY  
SACRAMENTO CA 95815  
Phone:

ARCHITECT  
  
  
Phone:

**Nature of Work:** T/O,RROOF 1 STORY HOUSE W/20 SQS 30 YR DIM COMP

Permit Valuation: \$6,085.00  
Square Footage: 0

**Fee Details**

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.43	.00	2.43
207	Strong Motion (SMI)	1600	.61	.00	.61
259	Technology Surcharge	1750	7.00	.00	7.00

**TOTAL FEES .....: \$185.04**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: \$185.04**

PAID  
CITY OF SACRAMENTO  
JUN 16 2004  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=JUN-16 10:00

END=JUN-16 10:11

FILE NO.=942

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	634	2	6862606	000/004	00:00:00

-CITY OF SACRAMENTO -

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

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0409765

TRANSACTION DATE: 06/16/2004  
TRANSACTION AMOUNT: 185.04  
NOTATION:

APD #: 0409555  
SITE ADDRESS: 1705 KEITH WY SAC  
PARCEL: 277-0194-014

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

Mixed Income Housing  
Fee Program  
??

TRANSACTION LIST

Type	Method	Description	Pynt Amount
Payment	Credit C	TEETER	185.04

RECEIPT ACCOUNT ITEM LIST

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