

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 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 6-15-04 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

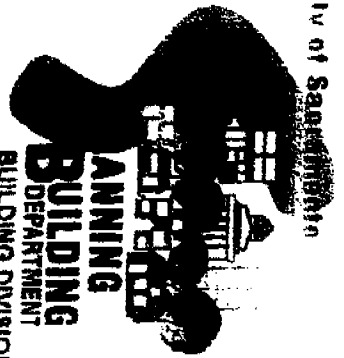
This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject 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: 455 Moore Dr
 Phone: 95624
 FAX: 6862606

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

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RES-HEE: <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> # SQUARES: 2 <input type="checkbox"/> GARAGE <input type="checkbox"/> # Stories: 2 <input type="checkbox"/> Material: 30yrs <input type="checkbox"/> DIMENSIONAL <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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"/> Cut-in <input type="checkbox"/> Heat pump or elec vent to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describes below): Value of duct work: Equipment: \$ Duct-in: \$	<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"/> Mud/sill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E additional utility permit	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change <input type="checkbox"/> # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input 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

San Francisco Building Department, 1000 Market Street, San Francisco, CA 94102
 Building Department, 1000 Market Street, San Francisco, CA 94102
 All Building Permits Issued: 7/2000

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
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TRANSACTION LIST

Type	Method	Description	Pynt Amount
Payment	Credit C	TEETER	185.04

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pynt	Current Pynt
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