

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0422366

TRANSACTION DATE: 12/08/2004
TRANSACTION AMOUNT: 185.27
NOTATION:

APD #: **0420240**
SITE ADDRESS: 5405 CABRILLO WY SAC
PARCEL: 023-0241-018

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

fw
ISSUED
DEC 08 2004

Mixed Income Housing
Fee Program
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Sacramento Building Division

TRANSACTION LIST

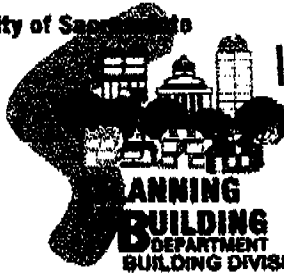
Type	Method	Description	Pymt Amount
Payment	Credit C	TEPPER	185.27

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	1.00	.00	1.00
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213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO
DEC 08 2004
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

City of Sacramento



PLANNING
BUILDING
DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

Inspection Request # (916) 264-7622

IN PROCESS
INSPECTION REQUIRED
Building Permit ISSUED
***** Office Use Only *****

Permit No: 04-20240
Date Issued: 12/8
Total Amount: \$ 185,270
Insp Area #: 3R
Sacramento Building Division
DEC 08 2004

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

Site Address: 5405 CABOLLO WAY
Nature of Work: RE-ROOF COVERLAY

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 684832 Date 12/07/04 Signature [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 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 12/7/04 Applicant/Agent Signature [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 _____
Policy Number _____ Expiration Date _____

X (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 12/7/04 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGES 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.



City of Sacramento

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed 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:

Inspection Request # (916) 264-7822
 Fax # (916) 264-1901
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Credit Card Info on File? Yes No

Job Address: 5405 CAROLLO WAY Unit # _____
 Parcel Number: 023-024-018
 CONTACT PERSON: TONY FARNYIAZ / 502 GARCEA
 Property Owner: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Contract Price \$ 2,200.00
 CONTACT PHONE: 870-4555 / 716-9396
 Contractor: NOE CARROLL License # 084832
 Address: 3569 ROCKY RD SUITE 62
 City/State/Zip: RENO NV 89512
 Phone: 368-7663 FAX: 361-7663

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: REEROOF - OVERLAY WITH 30YK - DIMENSIONAL COMP

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE 14 # SQUARES Stories: 1 2 3+ Material: <u>30 YK - DIMENSIONAL COMP - OVERLAY</u>	<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"/> Cur-hn <input type="checkbox"/> Heat pump or a/c. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> MUD <input type="checkbox"/> PG&E	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # 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

* Design Review approval may be required.

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*NOTE: Correction Notice items will require an additional building permit.

NR Faxback Permit updated 12/09/01

CITY OF SACRAMENTO
 1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0420240

Bldg Minor Permit
 as of 12-07-2004 Permit Status: **READY**

Site Address: 5405 CABRILLO WY SAC
 Parcel No: 023-0241-018
 Thomas Bros: 318A4

CONTRACTOR
 NOR CAL ROOFING
 3569 RECYCLE RD #6
 RANCHO CORDOVA CA 95742
 Phone: 916-368-7663

OWNER
 MANNING NANCY L
 19 CACHE RIVER CIR
 SACRAMENTO, CA 95831
 Phone:

ARCHITECT

 Phone:

Nature of Work: OVERLAY RROOF 1 STORY HOUSE W/14 SQS 30 YR COMP

Permit Valuation: \$2,500.00
 Square Footage: 0

Fee Details

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TOTAL FEES: \$185.27
Payments: \$0.00

BALANCE DUE: \$185.27

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 DEC 08 2004
 NEIGHBORHOODS PLANNING
 AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=DEC-08 15:09

END=DEC-08 15:11

FILE NO.=297

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	93617663	008/008	00:02:30

-CITY OF SACRAMENTO -

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

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