## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0516562

TRANSACTION DATE: 09/06/2005 TRANSACTION AMOUNT: 192.90

NOTATION:

SEP 0 6 2005

Sacramento Building Division

APD #: **0513559** 

SITE ADDRESS: 7711 ELENA MARIE DR SAC PARCEL: 031-1390-015

Mixed Income Housing

Fee Program

TYPE: Bldg Minor Permit

SUB-TYPE: RES HOUSING: N

STATUS: ISSUED

## TRANSACTION LIST

Method Description Pymt Amount

Payment Credit C TEETER

## RECEIPT ACCOUNT ITEM LIST

Class # Description

Item # Total Fee Prev Pymt

Current Pymt 

200 Permit--Building-Res

1100 175.00

175.00

City Business Oper Tax 206

1730 4.00 .00

4.00

207 Strong Motion (SMI)

1.00 1600 .00

1.00

General Plan Surcharge 213

1760 5.90

5.90

259 Bldg-Technology Surcharg

1750 7.00 .00

7.00

PAID CITY OF SACRAMENTO

SEP 0 6 2005

MEIOREOFHODES PLANNING AND DEVELOPMENT SERVICES

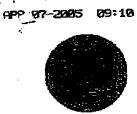
Joul Mrmer

| <u>.</u>   | 75   |
|--|--|
| City of Sagar mento  | Building Permit (  |
|  | ******* Office Use Only ************************************   |
|  | ic <del>qiilli</del>   |
|  | Permit No: <u>OS/3559</u>  |
| ANNING   | Date Issued: 9/6/2005  |
| AMEQUILDING  | Total Amount: 7/6/2005 0 6 2005  |
| DEPARTMENT<br>BUILDING DIVISION  | Insp Area #:   |
| (916) 808-BLDG (2534)  | ************ Please Fifth the Following ************************************   |
| Inspection Request # (916) 264-7622  |  |
| Site Address: 77/1   | Elena Marie Dr.  |
| Nature of Work:  | <u></u>  |
| ********   | ************   |
| CONSTRUCTION LENDING AGENCY: I hereb   | y 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<br>Lender's Name   | Lender's Address   |
|  | the I am licensed under afronsions of Charges  |
|  | No. I hereby affirm under penalty of perjury that I am licensed under provisions of Chapters mess and Professions Code and my license is in full force and effect.   |
| License Class C-39 License Number 757  | 1996 Date 9-6-05 Signature   |
| reason (Sen. 7031.5, Business and Professions Code; any opins to its issuance, also requires the applicant for such per License Law (Chapter 9 (commencing with Section 7000) of for the alleged exemption. Any violation of Section 7031.: dollars (\$500.00);  Las a owner of the property, or my employees  | offirm under penalty of perjury that I am exempt from the contractors License Law for the following city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, semit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis 5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred a with wages as their sole compensation, will do the work, and the structure is not intended or offered Contractors License Law does not apply to an owner of property who builds or improves thereon, and   |
| who does such work himself or heaself or through his/her the building or improvement is sold within one year of continuous affects.  | own employees, provided that such improvements are not mismest or otherer tot said. It, invovement, in the owner-builder will have the burden of proving that he/she did not build or improve for  |
| The Contractors License Law does not apply to an owner   | stracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: 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:  |
|  | The second secon |
| DateOwner Sig  | gusture  |
| all measurements and locations shown on the application or agreement relating to permissible or prohibited locations for the violation of any private agreement relating to location.  I make the Library and this application and state that all the combination and state that all the combination and state that all the combinations are designed. | information is correct. I series to comply with all city and county ordinanets and state laws relating   |
| to building construction and hereby authorize representati   | ive(s) of this city to enter upon the abovementioned property for inspection purposes.   |
| •  | at/Agent Signature   |
| I have and will maintain a certificate of conse  | ON: I hereby affirm under penalty of penjury one of the following declarations:<br>at to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the issued.  |
| I have and will maintain workers' compensation this permit is issued. My workers' compensation   | on insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which tion insurance carrier and policy number are:   |
| Carrier STATE FUND<br>Policy Number 17813  | 1-04 Expiration Date /0/31/05  |
| This section need not be completed if the pe   | create is for \$100 or less) I certify that in the perferimence of the work for which this permit is issued, a so as to become subject to the workers' compensation laws of California and agree that if I should a provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.  |

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 1706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

9-6-05 Applicant Signature

CITY OF SACRAMENTO



CITY OF SACRAMENTO PLANNING & BUILDING DEPARTMENT BUILDING DIVISION

www.cityofeacramento.org Help Line: 1-916-264-8656 OR 1-866-EZ-PERMIT Inspection: 1-916-808-4577 710 404 7201

|  | (mspacues: 144  | North Pennit Center 1-9         | 16-908-2354                              |
|--|---|---------------------------------|--|
| Downts**<br>1231 i St                            | ni Permit Cunter 1-916-264-6807<br>not. Suite 200, Secremento, CA 95814   | 2101 Arena Blvd., Solle 2       | PID. Sacramento, CA 95834                |
|  | ROOFING QU  | estionnaire                     |  |
| Applicant's Name:                                | Paul Schirmer<br>7711 Elena Marie   | Phone:                          | 451-7696                                 |
| Project Address:                                 | 7711 Flyna Marie  | Dr. Phone:                      |  |
| Project Addition.                                |   |                                 | one reproced work, otherwise leave boxes |
| Please check the appropriately.                  | inte boxes. Only check a box if it accurately s   | an combiners accourses.         |  |
| <del></del>                                      | <u>_</u>  |                                 |  |
| Existing  []                                     | ing roofing material is composition shingle, we proposed  30 year laminated dimens Wood shake or shingle Tile Metal that simulates one ting roofing material is built up, form or mem   | ional composition               | Le                                       |
| Existing   | Proposed Built up Foam Membrane   |                                 |  |
| '   North  | ting geners are flactia genters.  There is no change proposed to existing genters aw fastia genters shall be provided.  There is no change proposed and/or replaced to make the genters are Ogee genters.  There is no change proposed to existing genters aw Ogee genters shall be provided.  There is no change proposed to existing genters and/or replaced to make the genters shall be repaired and/or replaced to make the genters are proposed.  The Ogee genters shall be provided. | ch existing.                    |  |
| 3. RAFTER TAI<br>a. DAT<br>b R                   | ILS<br>here are no exposed rafter tails.<br>after tails simil be repaired and replaced to m   | and existing                    |  |
| By signing below, the Applicant's signatu        | applicant certifies that this form accurately de  | scribes the proposed work Date: | 9-06-05                                  |
| FOR CITY STAFF US                                | E ONLY  | mater Staff                     | 11.6/1/2                                 |
| In a DR Distr<br>In a P area or<br>Not in a DR o | ict. Meets DR criterin? [] Yes [] No (route<br>listed (route to P staff)  |                                 | y music -                                |

PBF10023

p.6 Fax # (916) 264-1901 BUILDING DIVISION DEPARTMENT ZZZG

> **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:

CONTACT PERSON: Property Owner: 510-065/-130 Elena Elane TSUCYOKS ろない。 Marie RESIDENTIAL DO Contract Price \$ (0,000 .00) APARTMENTS (4+ units per building) CONTACT PHONE: 451-7696 Phone: 783-7354 Address: 77// LONN Sehirmer lcense # 457996 # ijun

COMMERCIAL (limited)

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

| - 11                                    |   |  |  |
|---|---|--|--|
| Description of vectors:                 | tear aff - 128 heads                      | ath report                                     |  |
|   |   |  | -  |
| TI REROOF (excluding tile)              | (Residential ONLY)  HVAC INSTALLATIONS    | (Residential ONLY)  WATER HEATER               | (Residential ONLY)  WINOR ELECTRIC and/or MINO |
|   | D NEW D CHANGE-OUT                        | LECTRIC  | PLUMBING                                       |
| M_HOUSE                                 | ☐ Heat Pump                               | ☐ Change-out                                   | ☐ Electric Service Change                      |
| 2 # SOLLAR                              | □ Package                                 | ☐ Electric to Gas                              | #anpa  |
| # Stories (2) 3+                        | ☐ Spilt system                            | □ Relocate                                     | ☐ New electric                                 |
| Material: Va COX DIV                    | ☐ Roof mount                              | □ New  | circuits                                       |
| 30 / Om Como                            | D Cut-in                                  | DRY ROT OR TERMITE DAMAGE                      | □ Re-wire                                      |
|   | Heat pump or elect, unit to               | REPAIR   | ☐ Replacement                                  |
| D SIDING                                | gas.                                      | ☐ Flooring/Joists ☐ MudsII/Studs               | ☐ Water Service                                |
| II Wood                                 | ☐ Wall furnace                            | Roof Structure                                 | ☐ Sewer Service                                |
|   | C Fireplace Insert                        | * Design Review approval may be required.      | □ Gas Line                                     |
| II Horiz                                | . D Other (describe below)                | DUBLIC UTILITIES SAFETY INSPECTION *           | ☐ Re-plumb                                     |
| D. Vinvi                                | Value of duct work:                       | (Residential and single apertment units ONLY)  | □ Water  |
|   | Equipment: \$                             | II SMUD . II PG&E                              | □ Waste  |
|   | Cut-in: \$                                | *NOTE: Correction Notice items will require an |  |
| Design Review approval may be required. | * Design Review approval may be required. | additional building permit.                    | VR Fexback Permit updated 12/09/01             |