

TRANSMISSION VERIFICATION REPORT

TIME : 11/15/2005 11:07
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	11/15 11:05
FAX NO./NAME	96827636
DURATION	00:01:57
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Abellas

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 11/15/2005
 RECEIPT NUMBER: R0521983
 TRANSACTION DATE: 11/15/2005
 TRANSACTION AMOUNT: 193.99
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 NOV 15 2005
DOWNTOWN PERMIT
CENTER

APD #: **0518106**
 SITE ADDRESS: 1717 WAKEFIELD WY SAC
 PARCEL: 047-0035-015
 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	193.99

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	4.40	.00	4.40
207	Strong Motion (SMI)	1600	1.10	.00	1.10
213	General Plan Surcharge	1760	6.49	.00	6.49
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

FAXBACK PERMIT APPLICATION

(Certain Categories Only)



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 Worker's Compensation Insurance.
 Work started before a Building Permit is issued will be subject to a fine.

Permits requiring plan review are not eligible for FAXBACK

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

Credit Card Info on file? Yes No **RESIDENTIAL** **APARTMENTS (4+ units per building)** **COMMERCIAL (renting)**

Job Address: 1919 HAVESOLD Way Sol CA 95822
 Contract Price: \$11,000
 Permit Number: 11A001
 CONTACT PERSON: EDAE Anella
 CONTACT PHONE: 415-441-2727
 Property Owner: Willy Gators
 Contractor: Anella General Construction License #108335
 Address: 1919 Havesold Way Sol CA 95822
 Address: 8041 Steel Way Sol CA 95830
 City: Solano
 State: CA
 Zip: 95830
 Telephone: 916-272-1682
 Fax: 916-272-1636

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

Description of Work: Remove existing asphalt with 1 1/2" OSB Plywood felt with 20-1b felt, remove with 10-year Dimensional Composition Shingles approx 29-squares

<p>REPAIR (excluding this)</p> <p><input type="checkbox"/> TRIM-OFF <input type="checkbox"/> ROOF-SHEET <input checked="" type="checkbox"/> ROOF <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> 29 # squares <input type="checkbox"/> Material: 20-1b OSB <input type="checkbox"/> Plywood 1/2" OSB <input type="checkbox"/> Dimensional <input type="checkbox"/> Shingles</p>	<p>REMODEL (See 1)</p> <p><input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> ROOF <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Heat exchanger <input type="checkbox"/> Carrier <input type="checkbox"/> Heat pump or other unit to gas <input type="checkbox"/> Heat furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Year of last work: _____ Equipment: _____ Cost: \$ _____</p>	<p>REPLACE (See 1)</p> <p><input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Charge-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Reconnect <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Steamplumb <input type="checkbox"/> Manufactured <input type="checkbox"/> Roof Structure <input type="checkbox"/> Eductor * Design Review signature may be required <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * *Structural and other questions under OSB* <input type="checkbox"/> SHED <input type="checkbox"/> POOL NOTE: Construction Permit starts with negative 11 address building permit.</p>	<p>REPAIR ELECTRICAL AND/OR PLUMBING</p> <p><input type="checkbox"/> Electric Service Change <input type="checkbox"/> New electric <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</p>
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* Design Review approval may be required.

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Building Permit

City of Sacramento



BUILDING DIVISION (916) 808-7100 (2434)

Office Use Only

Permit No 0518106 Date Issued Total Amount 193.99 Area 2

ISSUED CITY OF SACRAMENTO

NOV 5 2005

Site Address: 1717 Wakefield Way, Sac. CA 95822 Nature of Work: tear-off, roof, new w/20 year life span 40-year Dimensional Comp. 24 sqm.

CONSTRUCTION LENDING AGENCY: hereby affirm under penalty of perjury that I am a construction lending agent 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 9 of the Business and Professions Code and my license is in full force and effect. License Class: License Number: 705235 Exp: 11-14-05 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. 7021.5, Business and Professions Code) as the owner of the property who 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 9 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 7021.5 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 or her own employees, provided that such improvements are not intended or offered for sale. If, however, the housing 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 contractor to perform 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 licensed pursuant to the Contractors License Law. I am exempt under Sec. [] & [] for the reason:

Date: 11-14-05 Owner Signature: [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 dimensions shown on the application or accompanying drawings and that the improvements 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 constitute any (legal) incursion 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 contained therein is complete with all city and county ordinances and state laws relating to building construction and hereby authorize construction of this project in accordance with the above stated property improvement project.

Date: 11-14-05 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 coverage 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 number and policy number are: Carrier: State Fund Policy Number: 013886-04 Expiration Date: 05-06

(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 be the 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: Applicant Signature:

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS A CRIMINAL OFFENSE SUBJECT TO CRIMINAL PENALTY AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS, IN ADDITION TO THE COST OF COMPENSATION CLAIMS AS PROVIDED FOR BY SECTION 3700 OF THE LABOR CODE. EMPLOYER AND EMPLOYEE ARE RESPONSIBLE.

THIS PERMIT SHALL EXPIRE BY LIMITATION OF WORK IS NOT COMMENCED WITHIN 180 DAYS.