

TRANSMISSION VERIFICATION REPORT

TIME : 12/12/2005 10:25
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	12/12 10:25
FAX NO./NAME	97270827
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

Omni

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0523590
 TRANSACTION DATE: 12/12/2005
 TRANSACTION AMOUNT: 189.63
 NOTATION:

ISSUED *George*
 CITY OF SACRAMENTO
 NOV 09 2005
 DOWNTOWN PERMIT
 CENTER

APD #: 0519309
 SITE ADDRESS: 3520 57TH ST SAC
 PARCEL: 015-0211-002

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	189.63

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	2.80	.00	2.80
207	Strong Motion (SMI)	1600	.70	.00	.70
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Inspection Request # (916) 254-7622

Building Permit

Office Use Only

ISSUED CITY OF SACRAMENTO

Permit No: 0519309

Date Issued:

Total Amount: 182,63

Insp Area #:

NOV 09 2005

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 3520 57th ST
Name of Work: TEAR OFF ROOF RESIDENT INSTALL 30 YR COMP

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...

LICENSED CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9...

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor License Law for the following reasons...

I, as 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...

I am exempt under Sec. B & PC for this reason:

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...

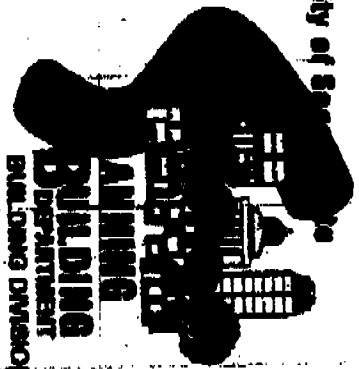
I certify that I have read this application and certify that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction...

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...

(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...

WARNING: FAILURE TO SECURE WORKERS 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 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 3:05 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: 3570 STEE ST
 Parcel Number: SPN PASOJ
 CONTACT PERSON: LYNETTE CHESTPISSEY
 Property Owner: LYNETTE CHESTPISSEY
 Address: SAME
 City/State/Zip: 95821
 Phone: 454-4651

Contract Price \$ 6,995.00
 CONTACT PHONE: 202-7367
 Contractor: OMNI ROOFING CO
 Address: 70 BOX 235
 City/State/Zip: FAIR OAKS CA
 Phone: 727-1001 FAX: 727-0427

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)
 Description of Work: TEAR OFF, REPAIR, INSTALL 30 YR CORR CORR CORR

<input checked="" type="checkbox"/> REROOF (including the) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 17 <input type="checkbox"/> GARAGE # SQUARES 3+ Material: CORR	<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"/> Cat-in <input type="checkbox"/> Heat pump or shed, unit to air.	<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"/> Rework <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amper <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 Lines <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of total work: \$ Equipment: \$ Cost-fee: \$	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* * Design Review approval may be required. Resident and single apartment units ONLY <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	NOTE: Correction Notice items will require an additional building permit. D/R: Faxback Permit updated 12/29/01

* Design Review approval may be required.

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