

TRANSMISSION VERIFICATION REPORT

TIME : 07/11/2006 15:54
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 07/11 15:54
FAX NO./NAME 98153560663
DURATION 00:00:00
PAGE(S) 00
RESULT BUSY
MODE STANDARD

BUSY: BUSY/NO RESPONSE

*Plumb in
time*

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0612622
TRANSACTION DATE: 07/11/2006
TRANSACTION AMOUNT: 78.79
NOTATION:

**ISSUED
CITY OF SACRAMENTO
JUL 11 2006
DOWNTOWN PERMIT
CENTER**

APD #: **0610367**
SITE ADDRESS: 27 CHIEF CT SAC
PARCEL: 225-0520-007

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

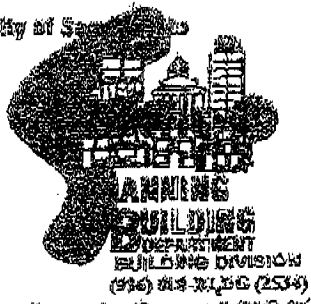
Mixed Income Housing
Fee Program
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TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.79

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.20	.00	.20
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00



Office Use Only

Permit No: 0610367
Date Issued: 7-11-2006
Total Amount: \$ 78.79
Insp Area #: 4

ISSUED
CITY OF SACRAMENTO
JUL 11 2006

DOWNTOWN PERMIT
CENTER

Inspection Request # (916) 264-7622

Site Address: 27 Chief St
Nature of Work: Replace hot water heater, 40 gal gas

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 27001) of Division 3 of the Business and Professions Code and my license is in full force and effect.
License Class: C License Number: 868068 Title: Supervisor Signature: [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the construction license law for the following reason (Sec. 27015, Business and Professions Code, City of Sacramento): I am a licensed contractor, electrician, plumber, or other trade, and I am performing the work for which this permit is issued as part of my regular business operations. I am not performing the work for which this permit is issued as a separate business venture. Any violation of Section 27015 by any person is punishable as a civil penalty of not more than five hundred dollars (\$500.00).

I, as a contractor, am not performing the work for which this permit is issued as part of my regular business operations. I am performing the work for which this permit is issued as a separate business venture. I am not performing the work for which this permit is issued as a separate business venture. I am performing the work for which this permit is issued as a separate business venture.

I, as a contractor, am not performing the work for which this permit is issued as part of my regular business operations. I am performing the work for which this permit is issued as a separate business venture. I am not performing the work for which this permit is issued as a separate business venture. I am performing the work for which this permit is issued as a separate business venture.

IN ISSUING THIS BUILDING PERMIT, the applicant certifies and the city certifies on the representation of the applicant that the applicant verified all requirements and conditions shown on the application or otherwise required by the city and that the construction to be constructed does not violate any law or private agreement relating to permitted 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 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: 7/10/06 Applicant/Agent Signature: [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury each 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 this 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: American Home
Policy Number: 112311490 Expiration Date: 2-21-07

(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 these provisions.

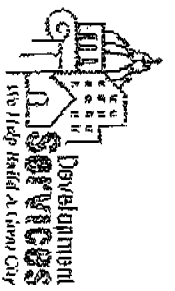
Date: 7/10/06 Applicant Signature: [Signature]

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 COOPERATION, 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
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-908-7622



Fax # 916-808-1903
 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd, Suite 200 Sacramento, CA 95834

Fax # 916-808-8370

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 7/16/08

Activity # 0610367
9224

Faxed request must be received in this office by 3:00 P.M. to be processed the following working day.
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a fine.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited use)

Job Address: 27 Cheif Ct Unit # _____ Contract Price \$ 500 or _____

Contact Person: Pat Harrington Contact Phone: 916-293-3031 x 1040 / 1043

Property Owner: Michael O'Connor Contractor: Plumb-in-Time License # 868068

Address: 27 Cheif Ct Address: 360 Memorial Drive #140

City/State/Zip: Sacramento Ca 95833 City/State/Zip: Crystal Lake, IL 60014

Phone: 916-769-9951 Phone: 846-293-3031 or 1642 Fax: 815-356-0663

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
 Description of Work: Replace hot water heater 40 gals

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reseal <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingle	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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 elect. unit in gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Oilier (describe below) Value of direct work: _____ Equipment \$: _____ Other \$: _____	<input checked="" type="checkbox"/> Water Heater: (Residential Only) <input checked="" 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 (Describe Locations Below)	<input type="checkbox"/> Major Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMCUD <input type="checkbox"/> PG&E
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* Design Review approval may be required

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