

TRANSMISSION VERIFICATION REPORT

TIME : 04/21/2006 15:03  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 04/21 15:02  
FAX NO./NAME 99271504  
DURATION 00:01:23  
PAGE(S) 04  
RESULT OK  
MODE STANDARD  
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*Colligan*

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

**ISSUED  
CITY OF SACRAMENTO  
APR 21 2006  
DOWNTOWN PERMIT  
CENTER**

RECEIPT NUMBER: R0607086  
TRANSACTION DATE: 04/21/2006  
TRANSACTION AMOUNT: 78.93  
NOTATION:

APD #: **0605494**  
SITE ADDRESS: 2740 MACON DR SAC  
PARCEL: 201-0620-014

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	78.93

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	.34	.00	.34
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

City of Sacramento



Inspection Request # (916) 264-7622

Building Permit ISSUED

CITY OF SACRAMENTO

\*\*\*\*\* Office Use Only \*\*\*\*\*

Permit No: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Total Amount: \_\_\_\_\_  
Insp Area #: \_\_\_\_\_

APR 21 2006  
DOWNTOWN PERMIT  
CENTER

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

Site Address: 2740 Macon Way Sacramento, CA. 95835  
Nature of Work: Install water softener in garage.

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 C316 License Number 259746 Date 02-2007 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 4-20-06 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 Redwood Fire & Casualty  
Policy Number WB3310045 Expiration Date 03/01/07

(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 those provisions.

Date 4-20-06 Applicant Signature [Signature]

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 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LI  
CULLI-2

DATE (MM/DD/YYYY)  
03/03/06

**PRODUCER**  
Wraith, Scarlett & Randolph  
Ins. Serv., Inc 0848084  
283 W. Court Street  
Woodland CA 95695  
Phone: 530-662-9181 Fax: 530-662-6452

**INSURED**  
Nor-Cal Water Inc. dba:  
Culligan Water Conditioning  
Don Felton  
1200 Arden Wy.  
Sacramento CA 95815

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Redwood Fire & Casualty	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	W6336046	03/01/06	03/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
Evidence of Coverage.

### CERTIFICATE HOLDER

SACCI - 1

City of Sacramento  
Attn: Building Dept  
1231 I Street  
Sacramento CA 95814

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



DATE: 4-20-06

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work 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 grand fee

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

- RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (limited)
- JOB ADDRESS: 2740 Macon Way, Sacramento, CA 95835 • CONTRACT PRICE \$ 847.<sup>00</sup>
- CONTACT PERSON: Eric Van Anda • CONTACT PHONE: 927-5005 • CONTACT PHONE: 927-5005 (cell phone)

Property Owner: Eric Van Anda  
Address: 2740 Macon Way 95835  
City/State/Zip: Sacramento CA 95835  
Phone: (916) 927-5005, cell phone

Contractor: William Walker License # 259766  
Address: 1200 Arden Way 95815  
City/State/Zip: Sacramento CA 95815  
Phone: 927-5005 FAX: 927-1504

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<ul style="list-style-type: none"> <li>REROOF (excluding tile)</li> <li>TEAR-OFF</li> <li>RESHEET</li> <li>HOUSE • GARAGE</li> <li>SQUARES Material:</li> <li>SHING             <ul style="list-style-type: none"> <li>wood</li> <li>T-111</li> <li>Horiz</li> <li>vinyl</li> </ul> </li> <li>stucco</li> </ul> <p>Note: Design Review approval may be required in certain areas.</p>	<ul style="list-style-type: none"> <li>HVAC INSTALLATIONS (residential ONLY)</li> <li>CHANGE-OUT • NEW             <ul style="list-style-type: none"> <li>Heat Pump</li> <li>Package</li> <li>Split system</li> <li>Roof mount</li> <li>Cut-in</li> <li>Heat pump or elect. unit to gas.</li> <li>Wall furnace</li> <li>Other (describe below)</li> </ul> </li> </ul> <p>Note: Design Review approval may be required for rooftop units.</p>	<ul style="list-style-type: none"> <li>WATER HEATER (residential ONLY)</li> <li>GAS • ELECTRIC             <ul style="list-style-type: none"> <li>Change-out</li> <li>Electric to Gas</li> <li>Relocate</li> <li>New</li> </ul> </li> <li>DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below)</li> </ul> <p>Note: Design Review approval may be required in certain areas.</p>	<ul style="list-style-type: none"> <li>MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)             <ul style="list-style-type: none"> <li>Electric Service Change # amps</li> <li>New electric circuits</li> <li>Re-wire</li> <li>Water Service Replacement</li> <li>Sewer Service Replacement</li> <li>Gas Line Replacement</li> <li>Re-plumb                 <ul style="list-style-type: none"> <li>Water</li> <li>Waste</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY)</li> <li>SMUD</li> <li>PGE</li> </ul> <p>*NOTE: Correction Notice items will require an additional building permit</p>
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DESCRIPTION OF WORK: Install water softening equipment

Permit form (rev online 3/6/06)