

MODE = MEMORY TRANSMISSION

START=AUG-03 08:53

END=AUG-03 08:56

FILE NO. #791

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	97371117	003/003	00:01:54

-CITY OF SACRAMENTO

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

*Levy*

**ISSUED**

**AUG 03 2005**

Sacramento Building Division

RECEIPT NUMBER: R0514193

TRANSACTION DATE: 08/03/2005

TRANSACTION AMOUNT: 186.79

NOTATION:

APD #: **0511508**

SITE ADDRESS: 4631 23RD ST SAC

PARCEL: 018-0122-017

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	186.79

**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	1.84	.00	1.84
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

*CA Energy*

**PAID**  
CITY OF SACRAMENTO

AUG 03 2005

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICE

Building Permit

City of Sacramento



PLANNING & BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED AUG 03 2005

Permit No: 0511508 Date Issued: 08/03/05 Total Amount: \$186.75

Please Fill in the Following Site Address: 4631 23 RD STREET SAC Nature of Work: CUT-IN HVAC SPLIT SYSTEM

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: n/a

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: C-20 License Number: 747568 Date: 8-2-05 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. 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 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: licensed pursuant to the Contractors License Law). 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 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: 8-2-05 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 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: STATE FUND Policy Number: 1586143-2005 Expiration Date: 2006

(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: 8-2-05 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.



Fax # (916) 264-1901

**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:

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

Job Address: GRAPE KATHRYN Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_ Contract Price \$ 30000.00  
 CONTACT PERSON: Roger Kibbi CONTACT PHONE: 916 737-1107  
 Property Owner: KATHRYN GRAY Contractor: Alicia Gray License # 747568  
 Address: 4631 23RD ST Address: 8181 ALPINE AVE E  
 City/State/Zip: SAC, CA 95822 City/State/Zip: RAE, CA 95826  
 Phone: \_\_\_\_\_ Phone: 737-1107 FAX: 737-1117

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

Description of Work: USE EXISTING GAS LINE; RELOCATE RUD; INSTALL NEW SPLIT SYSTEM IN ATTIC

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE HOUSE # SQUARES Stories: 1 2 3+ Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input checked="" type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ <u>4000</u> Equipment: \$ <u>600</u> Cut-in: \$ <u>600</u>	(Residential ONLY) <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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joints <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Extend * Design Review approval may be required.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <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 Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approval may be required.

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

NR Faxback Permit updated 12/09/01

*Handwritten initials*