

TRANSMISSION VERIFICATION REPORT

TIME : 07/18/2006 12:44  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 07/18 12:43  
 FAX NO./NAME 93911115  
 DURATION 00:00:49  
 PAGE(S) 03  
 RESULT OK  
 MODE STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

*Handwritten signature*

RECEIPT NUMBER: R0613086  
 TRANSACTION DATE: 07/18/2006  
 TRANSACTION AMOUNT: 193.89  
 NOTATION:

**ISSUED  
 CITY OF SACRAMENTO  
 JUL 18 2006  
 DOWNTOWN PERMIT  
 CENTER**

APD #: 0610773  
 SITE ADDRESS: 34 PRINCEVILLE CR SAC  
 PARCEL: 031-0500-042

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

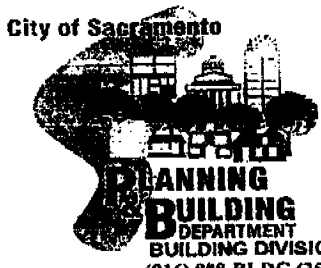
Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	193.89

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	4.32	.00	4.32
207	Strong Motion (SMI)	1600	1.08	.00	1.08
213	General Plan Surcharge	1760	6.49	.00	6.49
259	Bldg-Technology Surcharq	1750	7.00	.00	7.00



Inspection Request # (916) 264-7622

Building Permit

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

Permit No: 0610772  
 Date Issued: 193.89  
 Total Amount: 2  
 Insp Area #: 2

**ISSUED**  
**CITY OF SACRAMENTO**  
**JUL 18 2006**  
**DOWNTOWN PERMIT CENTER**

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

Site Address: 34 Princeville Cir.  
 Nature of Work: tear of 1 layer shake, resheet 7/16 OSB Goback, 30yr. Composition

\*\*\*\*\*  
**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 C39 License Number 869977 Date 7/17/06 Signature John M. Hope

**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 8 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 7/17/06 Applicant/Agent Signature John M. Hope

**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 \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Policy Number \_\_\_\_\_

(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 7/14/06 Applicant Signature John M. Hope

**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.

PBF10004



**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
**BUILDING DIVISION**  
 916 City of Sacramento Building  
 Help Line: 1-916-808-5658 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-7822



Fax # 916-808-1901  
 Downtown Permit Center, New City Hall  
 915 I Street, 3rd Floor, Sacramento, CA 95814

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

Fax # 916-808-8370

Activity # 0210773

**FAXBACK PERMIT APPLICATION**  
 (certain restrictions apply)

Date: 7/17/06

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to grand fee.*

*Permits requiring Plan Review are not eligible for FAXBACK*

CREDIT CARD INFORMATION ON FILE?  Yes  No  
 Job Address: 34 Pineville Air Sacto 95831

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Unit # \_\_\_\_\_ Contract Price 10,800.00

Contact Person: John Hope  
 Property Owner: Charles Odipo  
 Address: 34 Pineville Air  
 City/State/Zip: Sacto CA 95831  
 Phone: (916) 217-7529

Contact Phone: 916 670-3557  
 Contractor: JIM HOPE ROOFING License # 810977  
 Address: 56 Storz Rd  
 City/State/Zip: Sacramento CA 95823  
 Phone: 916 670-3557 Fax: 916 391-1115

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).  
layer wood shake, reroof 7/16 OSB - Go back 30yr. Composition

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>28</u> Material: <u>30 Yr. Comp.</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Shuoco	<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 to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <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 Termitte <input type="checkbox"/> Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor 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"/> SMUD <input type="checkbox"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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\* Design Review approval may be required.

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JUL 17 06 12:24p

John Hope

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