

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0418189

TRANSACTION DATE: 10/08/2004  
TRANSACTION AMOUNT: 183.60  
NOTATION:

fb

APD #: **0416971**

SITE ADDRESS: 929 TRESTLE GLEN WY SAC  
PARCEL: 030-0203-016

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

ISSUED

OCT 08 2004

Mixed Income Housing  
Fee Program  
??

TRANSACTION LIST

Sacramento Building Division

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	183.60

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	1.60	.00	1.60
259	Technology Surcharge	1750	7.00	.00	7.00

808-5354

City of Sacramento



Inspection Request # (916) 264-7622

Building Permit

See

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

ISSUED

Permit No: 0416971  
Date Issued: 10/8/04  
Total Amount: 183.60  
Insp Area #: 2R

OCT 08 2004

Sacramento Building Division

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

Site Address: 929 Trestle Glen Wy.  
Nature of Work: HVAC changealt

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 C20 License Number 726129 Date 10-07-04 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 10-07-04 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.

X 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:

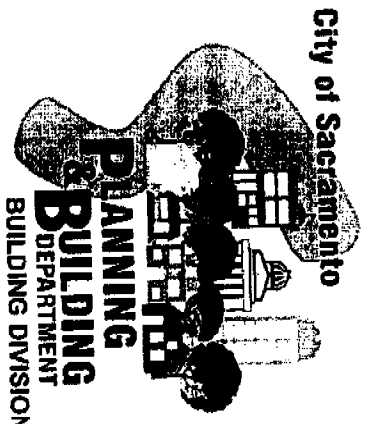
Carrier Cambium Specialty Ins. Co.  
Policy Number 005-00014360 Expiration Date 1/1/05

(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 10-07-04 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.



City of Sacramento

**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:

Credit Card Info on File? Yes  No  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  Unit # \_\_\_\_\_

Job Address: 429 TWISTE BLEN WY.  
 Parcel Number: 030-0203-010  
 CONTACT PERSON: Ever Galtrey  
 Property Owner: Laura Walker  
 Address: 4022 Brown Rd.  
 City/State/Zip: EIK GROVE CA 95624  
 Phone: (927) 2698  
 Contract Price \$ 4000  
 CONTACT PHONE: 685-4616  
 Contractor: Bell Bros. Heating/Air License # 736139  
 Address: 995 Sweeney Rd.  
 City/State/Zip: EIK GROVE, CA 95624  
 Phone: 685-4616 FAX: 688-5293

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

Description of Work: \_\_\_\_\_

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required.	<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"/> 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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\* NOTE: Correction Notice items will require an additional building permit.  
 \* Design Review approval may be required.  
 \* Design Review approval may be required.  
 NR Faxback Permit updated 12/09/01

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY  
FOR PERMIT #0416971**

**Bldg Minor Permit  
as of 10-08-2004 Permit Status: READY**

Site Address: **929 TRESTLE GLEN WY SAC**  
Parcel No: 030-0203-016  
Thomas Bros: 316J7

CONTRACTOR  
BELL BROTHERS HEAT & AIR  
9195 SURVEY RD  
ELK GROVE, CA 95624  
Phone: 916-685-4616

OWNER  
WALLER LAURA  
9022 BROWN RD  
ELK GROVE, CA 95624  
Phone: 916-682-2698

ARCHITECT  
  
Phone:

**Nature of Work: DUPLEX - 929 SIDE ONLY HVAC CHANGE OUT SPLIT SYSTEM.**

Permit Valuation: \$4,000.00  
Square Footage: 0

**Fee Details**

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**TOTAL FEES .....: \$183.60**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: \$183.60**

**PAID**  
**CITY OF SACRAMENTO**  
 OCT 08 2004  
 NEIGHBORHOODS PLANNING  
 AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION START=OCT-08 10:25 END=OCT-08 10:44

FILE NO.=588

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	96865293	004/004	00:11:31

-CITY OF SACRAMENTO -

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

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

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