

TRANSMISSION VERIFICATION REPORT

TIME : 08/29/2006 14:55  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

|              |                 |
|--------------|-----------------|
| DATE, TIME   | 08/29 14:54     |
| FAX NO./NAME | 93542862        |
| DURATION     | 00:01:15        |
| PAGE(S)      | 03              |
| RESULT       | OK              |
| MODE         | STANDARD<br>ECM |

*Rivera*

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

**ISSUED  
 CITY OF SACRAMENTO**

AUG 29 2006

RECEIPT NUMBER: R0616035  
 TRANSACTION DATE: 08/29/2006  
 TRANSACTION AMOUNT: 193.50  
 NOTATION:

**DOWNTOWN PERMI,  
 CENTER**

APD #: **0613254**  
 SITE ADDRESS: 2114 UNIVERSITY PARK DR SAC  
 PARCEL: 295-0480-045

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

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

| Type    | Method   | Description | Pynt Amount |
|---------|----------|-------------|-------------|
| Payment | Credit C | TEETER      | 193.50      |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description              | Item # | Total Fee | Prev Pynt | Current Pynt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200     | Permit--Building-Res     | 1100   | 175.00    |           |              |
| 206     | City Business Oper Tax   | 1730   | 4.01      | .00       | 175.00       |
| 207     | Strong Motion (SMI)      | 1600   | 1.00      | .00       | 4.01         |
| 213     | General Plan Surcharge   | 1760   | 6.49      | .00       | 1.00         |
| 259     | Bldg-Technology Surcharg | 1750   | 7.00      | .00       | 6.49         |
|         |                          |        |           |           | 7.00         |

0613254



Building Permit

Office Use Only

ISSUED

CITY OF SACRAMENTO

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

AUG 28 2006

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 2114 University Park Drive
Nature of Work: Remove the existing shaker, install...

CONSTRUCTION LENDING AGENCY... License No: C-3A License Number: 706468

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9...

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the construction license law...

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work...

Date: 8/28/06 Owner Signature: [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...

I certify that I have read this application and obtain true and correct information in regard to all information...

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of payment to self-insure for workers compensation as provided for by Section 3700 of the Labor Code...

I have and will obtain workers compensation insurance, as required by Section 3700 of the Labor Code...

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IN THE ABOVE MANNER SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL DAMAGES...

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



City of Sacramento  
 PLANNING BUILDING DEPARTMENT  
 BUILDING DIVISION  
 Fax # (916) 264-1981

**FARBACK PERMIT APPLICATION**

(Certain restrictions apply)

0613254

Permit request received in the 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 a fine.

Permits requiring plan review are not eligible for FARBACK

In order to process this request, ALL of the following information MUST be provided:

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

Job Address: 2174 University Park Drive

Contract Price \$ 11,639

USE # 1

Job Number: 2174 University Park Drive

Contractor Name: Ronald Evers

Property Owner: Melanie Evers

Address: 235 South Park Dr #204

City/State: Beaverton, OR

Phone: 503-382-4801

Contact Phone: 503-382-4801

Contractor: Ronald Evers

Address: 13975 Firwood Dr #11

City/State: Beaverton, OR

Phone: 503-382-4801

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

Description of Work: Remove and replace shower, install tub & OSB and trim - laminate

|  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> SHOWER (including tile)<br><input checked="" type="checkbox"/> TUB/DIRT<br><input checked="" type="checkbox"/> WETBATH<br><input checked="" type="checkbox"/> INQUIRE<br><input checked="" type="checkbox"/> GARAGE<br><input type="checkbox"/> STAIRS<br><input type="checkbox"/> WOOD<br><input type="checkbox"/> T-111<br><input type="checkbox"/> HOIST<br><input type="checkbox"/> VINYL<br><input type="checkbox"/> STUCCO | <input type="checkbox"/> FINISH INSTALLATIONS<br><input type="checkbox"/> NEW<br><input type="checkbox"/> CHANGE-OUT<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Heat exch.<br><input type="checkbox"/> Cook<br><input type="checkbox"/> Heat pump or other unit to gas<br><input type="checkbox"/> Vent furnace<br><input type="checkbox"/> Pro Furnace vent<br><input type="checkbox"/> Other (specify below)<br>Value of work: \$ _____<br>Equipment: \$ _____<br>Date: _____ | <input type="checkbox"/> WATER HEATER<br><input type="checkbox"/> GAS<br><input type="checkbox"/> CHANGE-OUT<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Radiant<br><input type="checkbox"/> New<br><input type="checkbox"/> SRY ROT OR TERMITES DRAINAGE<br><input type="checkbox"/> FLOORING<br><input type="checkbox"/> FLOOR STRUCTURE<br><input type="checkbox"/> FLOOR FINISH<br><input type="checkbox"/> EXTERIOR<br><input type="checkbox"/> MUD/JACKING<br><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION<br><input type="checkbox"/> SOILD<br><input type="checkbox"/> POLE<br>NOTE: Canadian Union Bureaus will require an additional building permit. | <input type="checkbox"/> GENERAL ELECTRICAL AND/OR LIGHT FIXTURES<br><input type="checkbox"/> Electric Service Changes<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Water Service<br><input type="checkbox"/> Sewer Service<br><input type="checkbox"/> Gas Line<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water<br><input type="checkbox"/> Waste<br>All Farback Permit-related requests |
|--|---|--|---|

\* Designer/owner approval may be required.

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