

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0418796

TRANSACTION DATE: 10/18/2004
TRANSACTION AMOUNT: 184.40
NOTATION:

APD #: **0417263**
SITE ADDRESS: 3334 BARCON WY SAC
PARCEL: 251-0230-028

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

ISSUED

OCT 18 2004

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Mixed Income Housing
Fee Program
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Sacramento Building Division

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	184.40

RECEIPT ACCOUNT ITEM LIST

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200	Permit--Building-Res	1100	175.00	.00	175.00
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259	Technology Surcharge	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO

OCT 18 2004

RECEIVED-CITY PLANNING
AND DEVELOPMENT SERVICES

City of Sacramento



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

Inspection Request # (916) 264-7622

Building Permit

Jew

***** Office Use Only ***** **ISSUED** *****

Permit No: 0417263
Date Issued: 10/18/04
Total Amount: 184,400
Insp Area #: 27

OCT 18 2004
Sacramento Building Division

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

Site Address: 3334 Barcan Wy.
Nature of Work: HVAC changeout

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).

Leader's Name _____ Leader'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 10/13/04 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 complete the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who hires a contractor to complete the project, provided that the owner is not acting as a contractor on such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____
Date _____ Owner Signature _____

SMOKE ALTERATIONS, PERMITS ARE REQUIRED WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP R)

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 10/13/04 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.
 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 Combsaad 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 10/13/04 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



PLANNING & BUILDING DEPARTMENT

BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

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.

0417263

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: <i>3324 BAYCON WY.</i>	Contract Price \$ <i>6000</i>	Unit #
Parcel Number: <i>021-0660-039</i>	CONTACT PHONE: <i>685-4616</i>	
CONTACT PERSON: <i>EVAN GAFFNEY</i>	Contractor: <i>Bell Bros. Heating/Air</i>	License # <i>726129</i>
Property Owner: <i>DON VAN SANT</i>	Address: <i>995 SURVEY RD.</i>	
Address: <i>3324 BAYCON WY</i>	City/State/Zip: <i>ELK GROVE, CA 95624</i>	
City/State/Zip: <i>SACRAMENTO CA 95828</i>	Phone: <i>685-4616</i>	FAX: <i>686-5293</i>
Phone: <i>927-9824</i>		

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

Description of Work:		(Residential ONLY) <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE 1 2 3+ # Stories Material:		(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> 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: \$		(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> CHANGE-OUT <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"/> MudSill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E		(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	
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco		* Design Review approval may be required.		* NOTE: Correction Notice items will require an additional building permit.		IVR Faxback Permit updated 12/09/01			

MODE = MEMORY TRANSMISSION

START=OCT-18 10:22

END=OCT-18 10:31

FILE NO.=778

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	96865293	008/008	00:04:25

-CITY OF SACRAMENTO -

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

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NEIGHBORHOODS, PLANNING
 AND DEVELOPMENT SERVICES