

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2005 10:06  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME : 09/20 10:05  
 FAX NO./NAME : 97976030  
 DURATION : 00:00:45  
 PAGE(S) : 03  
 RESULT : OK  
 MODE : STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0517941

TRANSACTION DATE: 09/20/2005  
 TRANSACTION AMOUNT: 187.37  
 NOTATION:

APD #: **0514527**  
 SITE ADDRESS: 2125 63RD AV SAC  
 PARCEL: 047-0054-011  
 TYPE: Bldg Minor Permit  
 SUB-TYPE: RES  
 HOUSING: N  
 STATUS: **ISSUED**

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		187.37

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	1.92	.00	1.92
207	Strong Motion (SMI)	1600	.50	.00	.50
213	General Plan Surcharge	1760	2.95	.00	2.95



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

Building Permit

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

ISSUED

Permit No: 0574529 Date Issued: Total Amount: \$189.00

SEP 20 2005

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

Site Address: 160 Sooga Way Sac 95838 Nature of Work: New installation of the Roof

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 825095 Date 9/19/05 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 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 Professions 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 9/19/05 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: 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 9/19/05 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.



**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7822

Downtown Permit Center  
 1231 J Street, Suite 200  
 Sacramento, CA 95814

North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

**HEATING and COOLING EQUIPMENT QUESTIONNAIRE**

Applicant's Name: Joceline NADRA Phone: 457 222  
 Project Address: 160 Scoree way Phone: 929 2152

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

**1. GROUND-MOUNTED UNIT**

- a.  There is an existing ground-mounted unit.
  - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
  - The new unit differs in location from the existing unit.
    - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
    - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b.  There is no unit in the proposed location.
  - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
  - Existing shrubs or building will screen the unit from being visible from any street views.

**2. ROOF-MOUNTED UNIT**

- a.  There is an existing roof-mounted unit.
  - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
  - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b.  There is no existing roof-mounted unit.
  - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature]

Date: 9/20/05

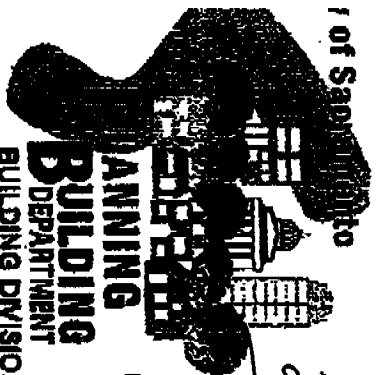
**FOR CITY STAFF USE ONLY**

Counter Staff: [Signature]

- In a DR District. Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in a DR or P area

heating\_questionnaire\_form - 04/2005

1A



263-0512-004

**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

Fax # (916) 284-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

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

Unit #

Address: 160 Stone Way  
 Unit Number: \_\_\_\_\_  
 CONTACT PERSON: MIKE NADRA  
 Property Owner: Mike Nadra  
 Address: 996 21st St, 160 Stone Way  
 City/State/Zip: R A C CA 95838  
 Phone: 929 2152

Contract Price: \$ 7,200 -  
 CONTACT PHONE: 451-3229  
 Contractor: Arctic Heating & Air License # 925095  
 Address: 4791 Gard St. SAC 95820  
 City/State/Zip: SAC CA 95820  
 Phone: 451-3229 FAX: 451-3680

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

189.60

Description of Work: Minor Rehabilitation on the Roof.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-UP <input type="checkbox"/> RESHEAT <input type="checkbox"/> GARAGE # SQUARES _____ # SLOPES _____ # SQUARES _____ # SLOPES _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> R. Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cuh/n <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> WHI Furnace <input type="checkbox"/> Fire Place 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"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Recalcals <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/boile <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudell/Struce <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SHUD <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
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\* Design Review approval may be required.

NOTES: Correction Notice items will require an additional building permit.

MFR Faxback Permit updated 12/06/01