

TRANSMISSION VERIFICATION REPORT

TIME : 06/01/2006 12:49
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085556
SER.# : BROH4J832840

DATE, TIME : 06/01 12:48
FAX NO./NAME : 94523439
DURATION : 00:01:08
PAGE(S) : 03
RESULT : OK
MODE : STANDARD
ECM

Parick

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0609891
TRANSACTION DATE: 06/01/2006
TRANSACTION AMOUNT: 186.93
NOTATION:

APD #: 0607992
SITE ADDRESS: 4532 U ST SAC
PARCEL: 011-0127-005

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

George
ISSUED
CITY OF SACRAMENTO
JUN 01 2006
DOWNTOWN PERMIT CENTER
Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	186.93

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	1.98	.00	1.98
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit ISSUED CITY OF SACRAMENTO

***** Office Use Only *****
Permit No: 0607092
Date Issued: 06.01.06
Total Amount: \$ 186
Insp Area #: 3

JUN 01 2006
DOWNTOWN PERMIT CENTER

Site Address: 4532 H Street Sacramento, CA 95817
Nature of Work: HVAC - Roof top pkg change out like for like

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:
Date: 5/31/06
Signature: Warren T. Wright

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: C-10/20 License Number: 582046
Date: 5/31/06
Signature: Warren T. Wright

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 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:

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: 5/31/06
Applicant/Agent Signature: Warren T. Wright

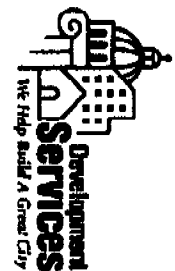
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit 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: Virginia Surety Co.
Policy Number: WVS0012675-01
Expiration Date: 11-07
(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: 5/31/06
Applicant Signature: Warren T. Wright

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
 www.cityofsacramento.org
 Help Line: 1-818-608-5656 OR 1-866-62-PERMIT
 Inspection: 1-918-608-7522



Fax # 916-608-1901
 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814

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

Fax # 916-608-6370

Activity # _____

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Date: 5/31/06

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 a grad fee.

Permits requiring Plan Review are not eligible for FAXBACK

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

16

CREDIT CARD INFORMATION ON FILE? YES NO
 Job Address: 4532 W Street Sacto CA 95817 Unit # _____
 Contact Person: Glenn Clarkson Contract Phone: (916) 452-2477 Contract Price: \$4942.21
 Property Owner: Glenn Clarkson Contractor: Ganck Service Co. License # 582046
 Address: 4532 W Street Address: 2122 X Street
 City/State/Zip: Sacramento, CA 95817 City/State/Zip: Sacramento, CA 95817
 Phone: (916) 455-7243 Phone: (916) 452-2477 Fax: (916) 452-3439
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: HVAC Rooftop pkg change out like for like

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <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	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input checked="" type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Head pump or elect unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$ <u>1950</u> 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 Termitic Damage Repair (Describe Location Below)	<input type="checkbox"/> Mirror Electric and/or Mirror 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.

*Design Review approval may be required.

PBF10002

TRANSMISSION VERIFICATION REPORT

TIME : 06/01/2006 12:47
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 06/01 12:47
 FAX NO./NAME : 915308881224
 DURATION : 00:00:00
 PAGE(S) : 00
 RESULT : BUSY
 MODE : STANDARD

BUSY: BUSY/NO RESPONSE

*Flat
 Roof*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0609892

TRANSACTION DATE: 06/01/2006
 TRANSACTION AMOUNT: 672.72
 NOTATION:

APD #: 0607858
 SITE ADDRESS: 77 SCRIPPS DR SAC
 PARCEL: 295-0370-002

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

ISSUED
CITY OF SACRAMENTO
 JUN 01 2006
**DOWNTOWN PERMIT
 CENTER**

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	672.72

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
201	Permit--Building-Com	1105	603.00	.00	603.00
206	City Business Oper Tax	1730	15.20	.00	15.20
207	Strong Motion (SMI)	1600	7.98	.00	7.98
213	General Plan Surcharge	1760	22.42	.00	22.42
259	Bldg-Technology Surcharg	1750	24.12	.00	24.12

City of Sacramento



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

Building Permit

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

Permit No: _____ Date Issued: _____ Total Amount: _____

ISSUED

CITY OF SACRAMENTO

JUL 11 2006

***** Please Fill Down Following *****

Site Address: 77 Scribner Nature of Work: Tear off & re 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).

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.

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 up to one hundred dollars (per person).

I, as 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.)

Date 5/30/06 Owner Signature Art Melich

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 the city to enter upon the property for inspection purposes.

Date 5/30/06 Applicant/Agent Signature Art Melich

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 STATE FUND Policy Number 414262 Expiration Date 1-1-07

(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 5/30/06 Applicant Signature Art Melich

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.



www.cityofsacramento.gov
 Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT
 Inspection: 1-916-808-7622

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

ROOFING QUESTIONNAIRE

Applicant's Name: ART MELICK Phone: 916 548-3028
0916 455-1224
 Project Address: 77 SCRIPPS DR Phone: 406 396 0680

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

1. ROOFING TYPE

a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:

Existing	Proposed	<i>proposed is ribbed metal</i>
<input type="checkbox"/>	<input type="checkbox"/>	30 year laminated dimensional composition
<input type="checkbox"/>	<input type="checkbox"/>	Wood shake or shingle
<input type="checkbox"/>	<input type="checkbox"/>	Tile

on mansuard

b. The new roofing material will be: *that simulates one of the above listed materials*

Existing	Proposed	Built-up
<input type="checkbox"/>	<input type="checkbox"/>	Foam
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Membrane

Flat on area

2. GUTTERS

- a. The existing gutters are fascia gutters.
 There is no change proposed to existing gutters.
 New fascia gutters shall be provided.
 Gutters shall be repaired and/or replaced to match existing.
- b. The existing gutters are Ogee gutters.
 There is no change proposed to existing gutters.
 New Ogee gutters shall be provided.
 Gutters shall be repaired and/or replaced to match existing.
- c. There are no existing gutters.
 No new gutters are proposed.
 New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. There are no exposed rafter tails.
 b. There are no existing gutters.

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

Applicant's signature: Art Melick Date: 5/31/06

FOR CITY STAFF USE ONLY Counselor Staff: _____

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



Fax # (916) 264-1901

waiting for building division response

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 pm. 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:

RESIDENTIAL APARTMENTS (4+ unit: per building) COMMERCIAL (lifted)

Job Address: 77 Scripps Dr

Parcel Number: [blank]

Contact Price \$ 38,000.00

CONTACT PERSON: ART MELICK
 Property Owner: Brad Brummond + CO
 Address: 4891 KEANE DR
 City/State/Zip: CARMICHAEL CA 95608
 Phone: 406 296-0650

CONTACT PHONE: 916 548-3028
 Contractor: Filt Roof Spec License # 414262
 Address: 205 MARVIN WAY
 City/State/Zip: KUBERTEN CA 95603
 Phone: 531 888-1224 FAX: 530 888-1212

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

Description of Work: Tear off flat roof + Mansuards (not como Shingle area) install 2 layers of fire sheet + pvc membrane on flat roof and metal in Mansuards

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 2 <input type="checkbox"/> GARAGE # SQUARES 3+ Material: pvc membrane in flat, metal on mansuards	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$ *Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GA: <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 TERMITE DAMAGE <input type="checkbox"/> REPAIR <input type="checkbox"/> Flooring/Jists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Exterior *Design Review approval may be required. <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.	(Residential OR) MINOR ELECTRIC and/or PLUMBING <input type="checkbox"/> Electric Servi Change # amps <input type="checkbox"/> New elect circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Sere <input type="checkbox"/> Sewer Sere <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Wat <input type="checkbox"/> Was
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