

TRANSMISSION VERIFICATION REPORT

TIME : 08/08/2005 10:23  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME	08/08 10:21
FAX NO./NAME	99296193
DURATION	00:01:13
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514540

TRANSACTION DATE: 08/08/2005  
 TRANSACTION AMOUNT: 80.89  
 NOTATION:

APD #: **0511822**  
 SITE ADDRESS: 5521 8TH AV SAC  
 PARCEL: 015-0054-023

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		80.89

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID  
 CITY OF SACRAMENTO

AUG 08 2005

NEIGHBORHOODS, PLANNING

MAR.14'2005 11:04 916-264-1901

DEVELOPMENT SERVICES

#5960 P.001/002



**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractor must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

PAID 05/18/22  
91243

Permits requiring plan review are not eligible for FAXBACK SACRAMENTO

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)

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES COMMERCIAL PERMITS SERVICES

Job Address: 5521 8th Ave - 95820  
 Parcel Number: 015-0059-023-0000  
 CONTACT PERSON: DAVID TAN  
 Property Owner: TUD HILLMAN  
 Address: 5521 8th Ave.  
 City/State/Zip: 95820  
 Phone: 916-951-3250

Contract Price \$ 2,800 -  
 CONTACT PHONE: 916 696 8391  
 Contractor: B-LINE CONST  
 Address: 430 LINA WAY  
 City/State/Zip: 95815  
 Phone: 916 696 8391  
 FAX: 916 929 6193

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

Description of Work: BATH ROOM REPAIR REMOVE + REBUILD TUB, TOILET, VANITY + PLUMBING FIXTURES, INSTALL NEW ROOM TILE + PAINT. FULL BATHROOM ON SINGLE STORY RESIDENCE - REMOVE/REPLACE LIKE FOR LIKE

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE # SQUARES # Stories: 1 2 3+ Material:	<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"/> Curbs <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"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Retrofit <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flood/Dryrot <input type="checkbox"/> Roof Structures <input type="checkbox"/> Exterior <input type="checkbox"/> Mustel/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * Residential and single apartment units ONLY <input type="checkbox"/> SMTUD <input type="checkbox"/> PG&E	<input type="checkbox"/> MINOR ELECTRICAL 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-pump <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approval may be required.

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\* NOTE: Connection Note items will require an additional building permit.

MPR Faxback Permit updated 12/30/01



Building Permit

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

ISSUED

Permit No: 0511822
Date Issued: 8-8-2005
Total Amount: 280.89
Insp Area #: 3

AUG 08 2005
Sacramento Building Division

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

Site Address: 5521 8th Ave. 95820
Nature of Work: BATHROOM REPAIR, REMOVE + REPLACE, TUB, TOILET, VANITY + PLUMBING FIXTURES

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 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 project with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. B & PC for this reason: CITY OF SACRAMENTO

Date: 8/8/05 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 or accompanying drawings and that the improvements to be constructed do not violate any law, department agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any violation of any agreement 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 above mentioned property for inspection purposes.

Date: 8/1/05 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: STATE FARM Policy Number: 0010267-2005 Expiration Date: 01/01/06

(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: 8/1/05 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 FEES.

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