

TRANSMISSION VERIFICATION REPORT

TIME : 10/04/2006 14:21
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	10/04 14:20
FAX NO./NAME	918153560663
DURATION	00:00:50
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

*Plumb
-in-
time*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0618306
 TRANSACTION DATE: 10/04/2006
 TRANSACTION AMOUNT: 78.79
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO**

OCT 03 2016

**DOWNTOWN PERMIT
 CENTER** *[Signature]*

APD #: **0615406**
 SITE ADDRESS: 7552 29TH ST SAC
 PARCEL: 049-0224-007

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

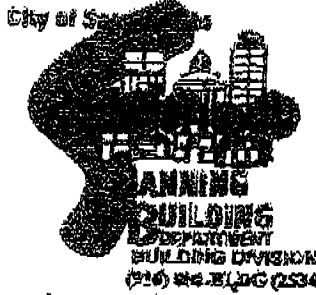
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.79

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.20	.00	.20
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00



Inspection Request # (916) 364-7427

Building Permit

Office Use Only

Permit No: 0615406
Date Issued: 10/4/06
Total Amount: \$ 78.79
Insp Area #: 2

ISSUED CITY OF SACRAMENTO OCT 03 2006

Please Fill in the DOWNTOWN PERMIT CENTER

Site Address: 7552 29th St.
Nature of Work: Replace hot water heater, 40 gal gas

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. 3089, Civ. C).

LICENSEE CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 4801) of Division 3 of the Business and Professions Code and am licensed in its full force and effect. License Class: License Number: 36063 Date: 10/3/06 Signature: [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the construction License Law for the following reasons (Sec. 7051.5, Business and Professions Code, any city ordinance): I am the owner of the property and I am performing the work myself or through a family member who does not work for me or through a friend or neighbor who does not work for me. I am not performing the work for profit or for the purpose of sale. Any violation of Section 7051.5 by an owner-builder is a civil penalty of not more than five hundred dollars (\$500.00).

I, as a owner of the property, or the contractor performing the work, hereby affirm that the work and the any other is not intended or offered for sale (Sec. 7044, Business and Professions Code). I am not performing the work for profit or for the purpose of sale. I am not performing the work for profit or for the purpose of sale. I am not performing the work for profit or for the purpose of sale.

I, as owner of the property, am exclusively performing the work myself or through a family member who does not work for me or through a friend or neighbor who does not work for me. The Construction License Law does not apply to an owner-builder who performs the work on a project (Sec. 7054, Business and Professions Code). I am exempt under Sec.

IN ISSUING THIS BUILDING PERMIT, the applicant has represented and the applicant has represented that the applicant verified all means egress and locations shown on the application or drawings and that the improvement to be constructed does not violate any law or private agreement relating to parties' title 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 improvement.

I certify that I have read this application and that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorizes representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date: 10/3/06 Applicant/Agent Signature: [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following conditions: I have and will maintain a certificate of coverage to reimburse for workers' compensation as provided for by Section 7600 of the Labor Code, for the performance of work for which this 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: American Home Policy Number: W330440 Expiration Date: 1-31-07

(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 these provisions.

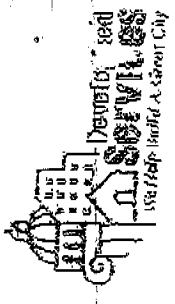
Date: 10/3/06 Applicant Signature: [Signature]

WARNING: FAILURE TO SECURE WORKERS' 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 CORRECTION, 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
 MAIN CITY OFFICE: 201B
 Help Line: 1-916-808-5686 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7822



Fax # 916-808-1901
 915: Street, 3rd Floor, Sacramento, CA 95874

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

Fax # 916-808-8370

Activity # 0615406
Area 2

FIXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 10/31/14

Fixed request must be received in this office by 3:00 P.M. to be processed the following morning.
 Note: 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 start fee.

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

RESIDENTIAL APARTMENTS (5+ units per building) COMMERCIAL (limited)
 LULU # Contract Price \$ 500.00

Job Address: 7552 29th St
 Contact Person: Keith Simban
 Property Owner: Lia Loc
 Address: 7552 29th St
 City/State/Zip: Sacramento, CA 95822
 Phone: 916-832-8768
 Contractor: Plumb 'n' Time License # 888068
 Address: 360 Memorial Drive #149
 City/State/Zip: Crystal Lake, IL 60044
 Phone: 86-293-3031 x 1042 Fax: 815-338-0663

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
 Description of Work: Replace hot water heater, 40 gal gas

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshelf <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Shing <input type="checkbox"/> Wood <input type="checkbox"/> T-11 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shucco * Design Review approval may be required	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cost-in: \$ _____ * Design Review approval may be required	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input checked="" 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 Termitte Damage Repair (Describe Location s below): _____ * Design Review approval may be required	<input type="checkbox"/> Minor Electric and/or Minor 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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