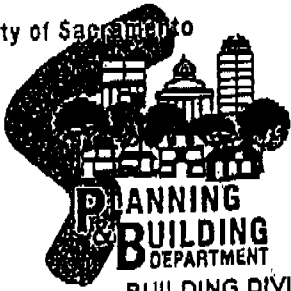




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ISSUED  
SUM

City of Sacramento



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

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

Permit No: 0503555

Date Issued: \_\_\_\_\_

Total Amount: \_\_\_\_\_

MAR 17 2005

Sacramento Building Division

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

Site Address: 560 SAN ANTONIO WY

Nature of Work: TRENCHLESS SEWER LINE REPLACEMENT

\*\*\*\*\*  
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 C36 License Number 696355 Date 3-16-05 Signature R.M. Bonney

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 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 3-16-05 Applicant/Agent Signature R.M. Bonney

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.

RMB 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 203-2005 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 3-16-05 Applicant Signature R.M. Bonney

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.



Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

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

Permits requiring plan review are not eligible for FAXBACK

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.

Address: 560 SAN ANTONIO WY Contract Price: \$2885.00 Unit # \_\_\_\_\_  
 Tel Number: 804-0234-025 CONTACT PHONE: 444-8551  
 NTRACT PERSON: CLYDE Contractor: BONNEY License # 696355  
 Property Owner: FRANK WERRY Address: 4412 HARLIN DR.  
 Address: 560 SAN ANTONIO WY City/State/Zip: SAC CA 95826  
 City/State/Zip: SAC CA 95819 Phone: 444-8551 FAX: 361-2443  
 Phone: 455-5497

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

Description of Work: TRENCH SEWER LINE REPLACEMENT

<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: <u>1</u> <u>2</u> <u>3+</u> alternate: _____	<input type="checkbox"/> HVAC INSTALLATIONS <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"/> Curb <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Vent furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of equipment: \$ _____ Equipment: \$ _____ Car-in: \$ _____ - Design Review approval may be required.	<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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Ederfor - Design Review approval may be required. <input type="checkbox"/> PUBUC 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.	<input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire Replacement <input type="checkbox"/> Water Service <input checked="" 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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NPR Faxback Permit updated 1/20/01

TRANSMISSION VERIFICATION REPORT

TIME : 03/17/2005 08:07  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 03/17 08:07  
 FAX NO./NAME 93612443  
 DURATION 00:00:48  
 PAGE(S) 04  
 RESULT OK  
 MODE STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

\*COPY\* 03/17/2005

RECEIPT NUMBER: R0504424

TRANSACTION DATE: 03/17/2005  
 TRANSACTION AMOUNT: 80.92  
 NOTATION:

APD #: **0503555**  
 SITE ADDRESS: 560 SAN ANTONIO WY SAC  
 PARCEL: 004-0234-015

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		80.92

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	1.15	.00	1.15
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00