

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 06/29/2004

RECEIPT NUMBER: R0410602

TRANSACTION DATE: 06/29/2004  
TRANSACTION AMOUNT: 186.65  
NOTATION:

APD #: **0410399**  
SITE ADDRESS: 5121 CARMEN WY SAC  
PARCEL: 018-0205-019

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

Mixed Income Housing  
Fee Program  
??



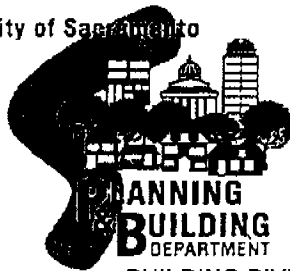
TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	186.65

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	3.72	.00	3.72
207	Strong Motion (SMI)	1600	.93	.00	.93
259	Technology Surcharge	1750	7.00	.00	7.00

City of Sacramento



PLANNING BUILDING DEPARTMENT

BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

Le

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

ISSUED

Permit No: 0410399
Date Issued: 6/29/04
Total Amount: 186.65

JUN 29 2004

\*\*\*\*\* Please Fill in the Following Sacramento Building Division \*\*\*\*\*

Site Address: 5121 Carmen Way
Nature of Work: Female Existing OSB. Reroof
O-C 504R 804R 304R 400R

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 C39 License Number 782191 Date 6-28-04 Signature Carol Corvato

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 8 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 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 6-28-04 Applicant/Agent Signature Carol Corvato

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.

XX 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. Management of compensation insurance carrier and policy number are:

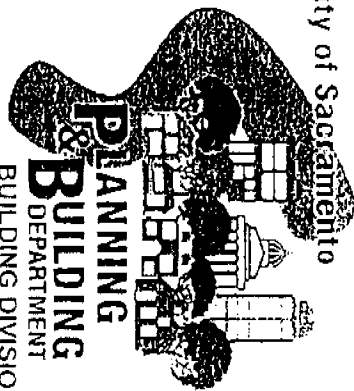
Carrier Virginia Society Ins. Co. Policy Number 800-50152971 Expiration Date 01-01-05

(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 6-28-04 Applicant Signature Carol Corvato

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.



BUILDING DIVISION  
 Fax # (916) 264-1901

**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

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: <u>5121 Carmel Way</u>	Contract Price \$ <u>9300-</u>	Unit #
Parcel Number: <u>018-0205-019</u>	CONTACT PHONE: <u>451-7286</u>	
CONTACT PERSON: <u>Curtis Roofing</u>	Contractor: <u>Curtis Roofing</u>	License # <u>782191</u>
Property Owner: <u>William Severel</u>	Address: <u>7475 14th Avenue</u>	City/State/Zip: <u>Sacramento CA 95820</u>
Address: <u>Same as job</u>	City/State/Zip: <u>95820</u>	Phone: <u>916-451-7286</u> FAX: <u>451-1228</u>
Phone: <u>452-7670</u>		

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

Description of Work: Remove existing roofs. Install OSB, remove old SDR, remove felt. On low slope install SBS modified base & cap system self adhering.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> # SQUARES <u>22</u> <input checked="" type="checkbox"/> GARAGE # Stories <u>1</u> Material: <u>OSB. 02.58yr.</u> CertainTeed SBS Modified Cap Modified based Cap	(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"/> Spill 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 Inscr <input type="checkbox"/> Chim (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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Root Structure <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"/> SMAILD <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.

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\* NOTE: Correction Notice items will require an additional building permit.

W/F Faxback Permit updated 1/20/03