

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0413504

TRANSACTION DATE: 08/11/2004
TRANSACTION AMOUNT: 184.00
NOTATION:

APD #: **0412968**
SITE ADDRESS: 1477 33RD ST SAC
PARCEL: 007-0293-012

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

Leora
ISSUED

Mixed Income Housing
Fee Program
??

AUG 11 2004

TRANSACTION LIST

Sacramento Building Division

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	184.00

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	2.00	.00	2.00
259	Technology Surcharge	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO

AUG 11 2004

NEIGHBORHOOD SERVICES
AND DEVELOPMENT SERVICES

City of Sacramento



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

Inspection Request # (916) 264-7622

Building Permit

ISSUED

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

Permit No: 0412968
Date Issued: 8/11/04
Total Amount: \$ 184.00
Insp Area #: 1

AUG 11 2004
Sacramento Building Division

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

Site Address: 1477 33rd Street
Nature of Work: HVAC changeout

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 provision 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.
Licensee Class C20 License Number 726129 Date 2/10/04 Signature [Signature]

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 the improvements were for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors **SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS REQUIRE A PERMIT ARE IN EXCESS OF \$1000 OR WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP R)**
The Contractors License Law does not apply to an owner of property who builds or improves the property 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 above mentioned property for inspection purposes.

Date 8/10/04 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 Combehead Speciality Ins. Co.
Policy Number 005-00014360 Expiration Date 1/1/05

(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 8/10/04 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 FEE.

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



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:

Inspection Request: # (916) 264-7622
 Fax # (916) 264-1901
 BUILDING DEPARTMENT
 BUILDING DIVISION
 Credit Card Info on File? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 1477 33rd Street Sacramento, CA 95816 UNIT #
 Parcel Number: 007-0293-012 Contract Price \$ 5000
 CONTACT PERSON: Evan Galbreath CONTACT PHONE: 685-4616
 Property Owner: Maria Sanchez Contractor: Bell Bros. Heating/Air License # 7326129
 Address: 9028 Bramblewood Way. Address: 995 Sweeney Rd.
 City/State/Zip: Elk Grove, CA 95758 City/State/Zip: Elk Grove, CA 95624
 Phone: 428-8224 Phone: 685-4616 FAX: 686-5293

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

Description of Work: _____

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<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"/> Exterior <input type="checkbox"/> Mudsill/Studs * 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	(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"/> Wastes
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* Design Review approval may be required.

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

NR/Faxback Permit updated 12/09/01

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: BELL BROTHERS Phone: _____

Project Address: 1477 33rd St.

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

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

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

Applicant's signature: Kandi Jackson Date: 9/11/04

For City Staff use only

Counter Staff _____

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

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

****PRELIMINARY**
FEE SUMMARY
FOR PERMIT #0412968**

**Bldg Minor Permit
as of 08-11-2004 Permit Status: WAITING**

Site Address: 1477 33RD ST SAC DESIGN REVIEW AREA
Parcel No: 007-0293-012
Thomas Bros: 297G5

CONTRACTOR
BELL BROTHERS HEAT & AIR
9195 SURVEY RD
ELK GROVE, CA 95624
Phone: 916-685-4616

OWNER
SANCHEZ BAUDELIO F/MARIA AUX
9028 BRAMBLEWOOD WY
ELK GROVE CA 95758
Phone:

ARCHITECT

Phone:

Nature of Work: HVAC CHANGE OUT- ROOF MOUNT - PACKAGE

Permit Valuation: \$5,000.00
Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
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TOTAL FEES: \$184.00
Payments: \$0.00

****PRELIMINARY** BALANCE DUE: \$184.00**

**PAID
CITY OF SACRAMENTO**

**AUG 11 2004
NEIGHBORHOOD PLANNING
AND DEVELOPMENT SERVICES**

MODE - MEMORY TRANSMISSION

START=AUG-11 11:43

END=AUG-11 11:44

FILE NO.=763

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	STOP	2	6865293	000/009	00:00:00

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

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