

IN PROGRESS INSPECTION REQUIRED

City of Sacramento



BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

ISSUED

Jew

Office Use Only

Permit No. 04-09886
Date Issued. 6/21/04
Total Amount \$188

JUN 21 2004

Sacramento Building Division

INS AREA 2R

Please Fill in the Following

Site Address. 6391 Longridge
Nature of Work Longridge Reroof

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. 1097, 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 a statute commencing with section 7000 of Division 3 of the Business and Professions Code and my license is in full force and effect.
License Class C-39 License Number 407605 Date 6-19-04 Signature Jim Moylen

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 projects with a contractor licensed pursuant to the Contractors License Law.)

I am exempt under Sec _____ B & P, 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 hereby 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 6-19-04 Applicant/Agent Signature Jim Moylen

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 _____ Policy Number _____ Expiration Date _____

(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 6-19-04 Applicant Signature Jim Moylen

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 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



BUILDING DEPARTMENT
 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: 6391 - 20N 9R1098 WY
 Permit Number: 024-0113-008
 CONTACT PERSON: JIM MOYLEN
 Property Owner:
 Address:
 City/State/Zip:
 Phone:
 CONTRACT PRICE: 13,000
 CONTACT PHONE: 531-3793
 Contractor: JIM MOYLEN License # 477605
 Address: 9056 LISMORE DR
 City/State/Zip: 9176 GROVE
 Home Phone: 686
 FAX: 686 2606

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

REROOF 4000 sq ft
 Comp 4000 sq ft
 Rehab

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESURF <input checked="" type="checkbox"/> HOUSE # SQUARES 30 <input checked="" type="checkbox"/> GARAGE # SQUARES 2 # Stories 2 Material Dimensional <input type="checkbox"/> SIDING <input type="checkbox"/> WOOD <input type="checkbox"/> BRICK <input type="checkbox"/> CONCR <input type="checkbox"/> STUCCO	<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"/> Cool tower <input type="checkbox"/> Other	<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"/> 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"/> Radon <input type="checkbox"/> Waste <input type="checkbox"/> Assest
<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION Requested for single apartment units ONLY <input type="checkbox"/> SMOKE <input type="checkbox"/> ESCAPE	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Framing/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Design Review approval may be required		

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0409886
Bldg Minor Permit
as of 06-21-2004 Permit Status: READY

Site Address: 6391 LONGRIDGE WY SAC
Parcel No: 024-0413-008
Thomas Bros: 317B6

CONTRACTOR
JIM MOYLEN
9056 LISMORE DR
ELK GROVE 95624
Phone: 916-686-6590

OWNER
YAGI FRANK Y & NAOMI
6391 LONGRIDGE WY
SACRAMENTO CA 95831
Phone:

ARCHITECT

Phone:

Nature of Work: T/O,RESHEET,&RROOF 1 STORY HOUSE W/30 SQS 40 YR DIM COMP

Permit Valuation: \$12,000.00
Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	4.80	.00	4.80
207	Strong Motion (SMI)	1600	1.20	.00	1.20
259	Technology Surcharge	1750	7.00	.00	7.00

TOTAL FEES: \$188.00
Payments: \$0.00
BALANCE DUE: \$188.00

PAID
CITY OF SACRAMENTO
JUN 21 2004
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=JUN-21 12:33

END=JUN-21 12:42

FILE NO.=114

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	96862606	004/004	00:01:47

-CITY OF SACRAMENTO -

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

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0410064

TRANSACTION DATE: 06/21/2004
TRANSACTION AMOUNT: 188.00
NOTATION:

APD #: **0409886**
SITE ADDRESS: 6391 LONGRIDGE WY SAC
PARCEL: 024-0413-008

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		188.00

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	4.80	.00	4.80
207	Strong Motion (SMI)	1600	1.20	.00	1.20
259	Technology Surcharge	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO

JUN 21 2004

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES