

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0507053

TRANSACTION DATE: 04/26/2005
TRANSACTION AMOUNT: 266.93
NOTATION:

APD #: **0505707**
SITE ADDRESS: 7343 FARM DALE WY SAC
PARCEL: 031-0173-006

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		266.93

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	250.00	.00	250.00
206	City Business Oper Tax	1730	2.80	.00	2.80
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	10.00	.00	10.00

CITY OF SACRAMENTO
APR 26 2005
DEPT. OF PERMITS, PLANNING
AND DEVELOPMENT SERVICES

ISSUED

APR 26 2005

Sacramento Building Division

City of Sacramento



Building Permit ISSUED

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

Permit No: 0505707
Date Issued: 4-26-05
Total Amount: 266.93
Insp Area #: 2

APR 26 2005
Sacramento Building Division

Inspection Request # (916) 264-7622

***** Please Fill In the Following *****

Site Address: 7343 Farmdale Wy.
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 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 20 C35 License Number 726129 Date 4/25/05 Signature Chaliquin Masters

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7011.5, Business and Professions Code): my 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 7011.5 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 employee 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 contractor 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 improvement.

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-referenced property for inspection purposes.

Date 4/25/05 Applicant/Agent Signature Chaliquin Masters

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 Financial Pacific
Policy Number 170334A Expiration Date: 04-28-05

(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 4/25/05 Applicant Signature Chaliquin Masters

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 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.

0505707

FAXBACK PERMIT APPLICATION

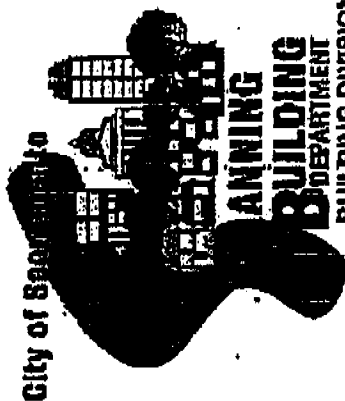
(certain restrictions apply)

Faxed request received in this office before 3:30 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)



Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card info on File? Yes No

Job Address: 7343 FARMDALE WY.	Contract Price \$ 7000
Parcel Number:	UNIT#
CONTACT PERSON: CYNTHIA MASTERS	CONTACT PHONE: 916 685-4416
Property Owner: MICHAEL SMITH	Contractor: BEL PROS HEATING & AIR License # 726129
Address: 7343 FARMDALE WY.	Address: 9195 BURVEY RD.
CMS/State/Zip: SACRAMENTO, CA 95831	City/State/Zip: ELK GROVE, CA 95624
Phone: 916 421-8703	Phone: 916 685-4616
	FAX: 916 686-5293

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

Description of Work:

HVAC & WATER HEATER CHANGE OUT

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ <input type="checkbox"/> GARAGE <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingles	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or cond. 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"/> DRY ROT OR TERRITORY DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsills <input type="checkbox"/> Exterior <input type="checkbox"/> PG&E <input type="checkbox"/> PG&E	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SAUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # drops <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

* Design Review approval may be required.

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* NOTE: Connection to the Home Name will require an additional building permit.

IVR Faxback Permit updated 12/20/01

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PAID
 CITY OF SACRAMENTO
 APR 26 2005
 NEIGHBORHOODS PLANNING
 AND DEVELOPMENT SERVICES

ISSUED
 APR 26 2005
 Sacramento Building Division

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

-CITY OF SACRAMENTO

STN. COMM. ONE-TOUCH/ STATION NAME/EMAIL ADDRESS/TELEPHONE NO. PAGES DURATION
 NO. COMM. ONE-TOUCH/ STATION NAME/EMAIL ADDRESS/TELEPHONE NO. PAGES DURATION
 001 OK 968652293 009/009 00:02:24

FILE NO.=297

MODE = MEMORY TRANSMISSION START=APR-26 10:15 END=APR-26 10:18

*****-COMM. JOURNAL-***** DATE APR-26-2005 ***** TIME 10:18 *****