

# IN PROGRESS INSPECTION REQUIRED

Building Permit

**ISSUED**

City of Sacramento



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

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

Permit No: 04.05282  
Date Issued: 4/7/04  
Total Amount: \$185.35

APR 07 2004  
Sacramento Building Division

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

Site Address: 6707 Mitchell Dr  
Nature of Work: \_\_\_\_\_

**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 C-37 License Number 625724 Date 8-6-99 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 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(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 4-6-04 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:

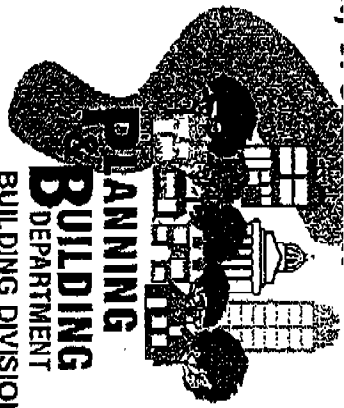
Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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 4-6-04 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.



BUILDING DEPARTMENT  
 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: 6707 Middlecott Way  
 Parcel Number: 035-0214-004  
 CONTACT PERSON: ~~KEITH ROACHE~~ RST  
 Property Owner: KEITH ROACHE  
 Address: 6707 Middlecott Way  
 City/State/Zip: Sacramento CA  
 Phone: 916-264-1901  
 Contract Price \$ 6700  
 CONTACT PHONE: 256-0170  
 Contractor: BENNY JONES (License # 675724)  
 Address: 8109 Uniontown Ave  
 City/State/Zip: Sacramento CA  
 Phone: 916-264-1901  
 FAX: 916-264-1901

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

Description of Work: 30 ft in diameter concrete pipe for disposal

<input type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> SHEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> # SQUARES 24 <input type="checkbox"/> # STORIES 2 <input type="checkbox"/> Material: 30 yr 5/8"	<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"/> 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 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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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"/> 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.

IVR Faxback Permit updated 12/09/01

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0405282**  
**Bldg Minor Permit**  
**as of 04-07-2004 Permit Status: READY**

**Site Address: 6707 MIDDLECOFF WY SAC**  
Parcel No: 035-0214-004  
Thomas Bros: 317D7

**CONTRACTOR**  
BENNY JONES ROOFING  
8109 NORTHERN OAK CIRCLE  
SACRAMENTO CA 95828  
Phone: 916-682-1030

**OWNER**  
KAREN & KEITH ROCHE  
6707 MIDDLECOFF WY  
SAC CA 95822  
Phone:

**ARCHITECT**  
  
Phone:

**Nature of Work: T/O,&RROOF 1 STORY HOUSE W/24 SQS COMP**

Permit Valuation: \$6,700.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee :	\$0.00
Strong Motion Fee .....	\$0.67	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$2.68	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek .....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$185.35</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$185.35</b>

**PAID**  
CITY OF SACRAMENTO  
APR 07 2004  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=APR-07 13:13

END=APR-07 13:28

FILE NO.=457

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		96821030	004/004	00:03:39

-CITY OF SACRAMENTO -

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

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0405350

TRANSACTION DATE: 04/07/2004  
TRANSACTION AMOUNT: 185.35  
NOTATION:

APD #: **0405282**  
SITE ADDRESS: 6707 MIDDLECOFF WY SAC  
PARCEL: 035-0214-004

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	185.35

**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	2.68	.00	2.68
207	Strong Motion (SMI)	1600	.67	.00	.67
259	Technology Surcharge	1750	7.00	.00	7.00

**PAID**  
CITY OF SACRAMENTO

APR 07 2004

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICE