

TRANSMISSION VERIFICATION REPORT

TIME : 08/17/2006 12:22
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	08/17 12:21
FAX NO./NAME	918153560663
DURATION	00:00:44
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0615230
 TRANSACTION DATE: 08/17/2006
 TRANSACTION AMOUNT: 78.79
 NOTATION:

*plumb
 -in-
 time*

**ISSUED
 CITY OF SACRAMENTO
 AUG 17 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: **0612631**
 SITE ADDRESS: 5500 EMERSON RD SAC
 PARCEL: 023-0264-009
 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	78.79

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.20	.00	.20
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00



Office Use Only *****

Permit No: 0612631
Date Issued: 8-16-06
Total Amount: 178.79
Imp Area #:

PAID
CITY OF SACRAMENTO
AUG 17 2006

Inspection Request # (916) 264-7622

Please Fill in the Following *****

NEW CITY HALL

Site Address: 5500 Emerson Rd
Nature of Work: Replace hot water heater, 40 gal gas

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 7001) of Division 3 of the Business and Professions Code and am licensed in its full force and effect.
License Class: C License Number: 266663 Day: 8/16/06 Signature: Keith Jackson

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7051.5, Business and Professions Code, any city or county): I am the owner of the property and I am the contractor, and the contractor is not intended or offered for sale (Sec. 7044, Business and Professions Code). I am the owner of the property and I am the contractor, and the contractor is not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the contractor shall incur the burden of proving that he or she did not build or improve for the purpose of sale.

I, as owner of the property, am exempt from the Contractors License Law for the following reason (Sec. 7051.5, Business and Professions Code, any city or county): I am the owner of the property and I am the contractor, and the contractor is not intended or offered for sale (Sec. 7044, Business and Professions Code). I am the owner of the property and I am the contractor, and the contractor is not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the contractor shall incur the burden of proving that he or she did not build or improve for the purpose of sale.

IN ISSUING THIS BUILDING PERMIT, the applicant has represented to the satisfaction of the applicant that the applicant verified all measurements and lot lines shown on the application or survey plat, and that the improvements to be constructed do not violate any law or Division 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 that all information is correct. I agree to comply with all city and county and state laws and state laws relating to building regulations and hereby authorize representative(s) of this city to enter upon the above-referenced property for inspection purposes.
Date: _____ Applicant/Agent Signature: Keith Jackson

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of coverage to self-insure the 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 the permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: American Home
Policy Number: WC301440 Expiration Date: 1-31-07

(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 persons 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: _____ Applicant Signature: Keith Jackson

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.



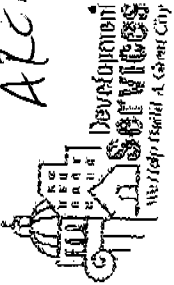
CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOF.SACRAMENTO.CA.GOV
 Help Line: 1-916-808-0656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622

Fax # 916-808-1901
 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200 Sacramento, CA 95834

Fax # 916-808-8370

AREA 3



Activity # _____

FAST PERMIT APPLICATION

(certain restrictions apply)

Date: 8/16/06

Fast request must be received in this office by 3:00 P.M. to be processed the following working day.
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION **MUST** BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (this/that)
 Unit # _____ Contract Price \$ 500.00
 Job Address: 5500 Emerson Rd
 Contact Person: Keith Einhorn
 Property Owner: Mary Dale
 Address: 5500 Emerson Rd
 City/State/Zip: Sacramento, CA 95820
 Phone: 916-734-3761
 Contractor: Plumb-in-Time License # 888068
 Address: 360 Memorial Drive #140
 City/State/Zip: Crystal Lake, IL 60014
 Phone: 815-293-3011 ext 1042 Fax: 815-293-3063

Name of Work: (Provide detailed description of work & indicate type of work in selections below).
 Description of Work: Replace hot water heater 40 gal gas

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshelf <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required	<input type="checkbox"/> HVAC installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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"/> Other (describe below): _____ Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric in Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair (Describe Locations Below) * Design Review approval may be required	<input type="checkbox"/> Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.
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