

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

COPY 05/16/2005

RECEIPT NUMBER: R0508474

TRANSACTION DATE: 05/16/2005
TRANSACTION AMOUNT: 78.91
NOTATION:

APD #: **0506869**
SITE ADDRESS: 2904 OCCIDENTAL DR SAC
PARCEL: 079-0131-011

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

ISSUED

MAY 16 2005

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Sacramento Building Division

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.91

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	.32	.00	.32
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

ISSUED

MAY 16 2005

Sacramento Building Division

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City of Sacramento



Inspection Request # (916) 264-7622

Building Permit

ISSUED

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

Permit No: 0506869
Date Issued: 5/16/05
Total Amount: 157891
Insp Area #: 5

MAY 16 2005
Sacramento Building Division

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

Site Address: 2904 OCCIDENTAL DR. SAC CA 95826
Nature of Work: WATER HEATER C/O

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-36 License Number 546378 Date 5-13-05 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 8 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.

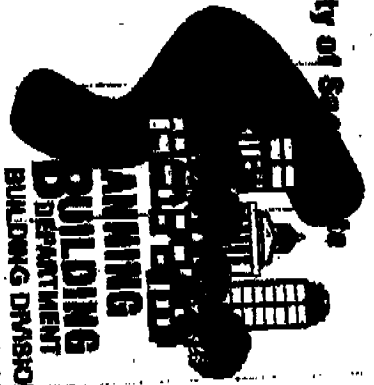
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.
Date 5/13/05 Applicant/Agent 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 STATE FUND
Policy Number 1008659-2001 Expiration Date 11-05

(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 5/13/05 Applicant Signature _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT APPLICANT 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:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) LIGHT # _____
 Credit Card info on File? Yes No

Job Address: 204 ALLENDALE DR. SW CA 95516 Contract Price \$ 802.00
 Parcel Number: _____ CONTRACT PHONE: 383-1788
 CONTACT PERSON: ERU GALLAGHER Contractor: MIKE LOZANO License # 846378
 Property Owner: SAME Address: 2501 LEE SCHOOL X RD
 Address: _____ City/State/Zip: WILKINSON CA 95693 Phone: 916-680-7106 FAX: 916-687-8444
 City/State/Zip: _____
 Phone: _____

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

W/H CHANGE OUT

Description of Work: _____ # Stories: 1 2 3+ Material: _____	<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE # SQUARES	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <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 steel unit to gas.	<input checked="" type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Change-Out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Retrofit <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"/> Multi-tilt/Sluets <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SNAJD	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # strings <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire 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
	<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	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	* Design Review approval may be required.	* Design Review approval may be required.	*NOTE: Correction Notice letters will require an additional building permit.

0506064

TRANSMISSION VERIFICATION REPORT

TIME : 05/16/2005 10:38
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 05/16 10:36
 FAX NO./NAME : 96878468
 DURATION : 00:01:34
 PAGE(S) : 04
 RESULT : OK
 MODE : STANDARD
 ECM

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