



Building Permit

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

ISSUED

Permit No: 0301463
 Date Issued: 02-03-03
 Total Amount: 193.28

FEB 03 2003
 Sacramento Building Division

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

Site Address: 2450 Seamanist Dr. # 244D
 Nature of Work: Overlay / use Comp. 30yr. cik. replace gutters

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-39 License Number 790945 Date 1-31-03 Signature Melanie Huffaker

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 Professional 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 1-31-03 Applicant/Agent Signature Melanie Huffaker

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 Statefund
 Policy Number 28522102 Expiration Date 11/1/2004

(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 1-31-03 Applicant Signature Melanie Huffaker

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.

IN PROGRESS
 THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.
INSPECTION REQUIRED

City of Sacramento



PLANNING & BUILDING DEPARTMENT BUILDING DIVISION

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: 2150 Seavist Dr bag # 2440 Sacramento CA 95833 Unit # _____
 Parcel Number: _____
 CONTACT PERSON: Melanie Huffaker
 Property Owner: Fauziah Nivedent
 Address: 2275 Landway Oaks Dr
 City/State/Zip: Sacramento CA
 Phone: 921-3050
 CONTACT PHONE: 781-1850
 Contractor: Anderson Bobid License # 390945
 Address: 941 Washington Blvd #309
 City/State/Zip: POSSVILLE CA 95078
 Phone: 921-1850 FAX: 781-1394

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

Description of Work: Delay 30 yr. dim comp. / replace gutters.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: <u>1</u> Material: <u>30yr old plywood</u> <u>dim comp.</u>	<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"/> Spill 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"/> 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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> MudSill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required.	<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
<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"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<input type="checkbox"/> NOTE: Correction Notice items will require an additional building permit.

* Design Review approval may be required.

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NR Faxback Permit updated 1209/01

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0301463

Bldg Minor Permit
as of 02-03-2003 Permit Status: **APPLIED**

Site Address: 2450 SEAMIST DR SAC
Parcel No: 274-0060-032
Thomas Bros: 277 D6

CONTRACTOR
ANDERSON ROOFING
941 WASHINGTON BL #309
RSVL CA
Phone: 916 781 6850

OWNER
PARKSIDE GENERAL PARTNERSHIP
1201
ACADIA CA 95821
Phone:

ARCHITECT
Phone:

Nature of Work: OVERLAY 30 YR DIM.COMP.SHINGLES 77 SQ, 2-STORIES, REPLACE GUTTERS

Permit Valuation: \$18,498.00
Square Footage: 77

Building Permit	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$3.88	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$7.40	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		

TOTAL FEES \$193.28
Payments

****PRELIMINARY**** BALANCE DUE

PAID
CITY OF SACRAMENTO
FEB 03 2003
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=FEB-02 13:02

END=FEB-02 13:21

FILE NO.=890

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	8	97816794	006/006	00:02:55

-CITY OF SACRAMENTO

***** -PLAN CHECK - ***** 264 5987- *****
Jan 31 03 11:09a Daren Anderson 781-6794 P.2



BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

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

Permit No: 0301463
Date Issued: 02-03-03
Total Amount: 193.22

FEB 03 2003
Sacramento Building Division

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

Site Address: 2450 Seamanist Dr. # 2440
Nature of Work: Overhaul / use comp. 30yr. old
replace gutters

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Carrier State Fund
Policy Number 285212023 Expiration Date 4/1/2004

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