

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0422929

TRANSACTION DATE: 12/17/2004  
TRANSACTION AMOUNT: 187.13  
NOTATION:

APD #: **0420735**  
SITE ADDRESS: 8112 SAN REMO WY SAC  
PARCEL: 117-0420-044

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	187.13

**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	1.68	.00	1.68
207	Strong Motion (SMI)	1600	.50	.00	.50
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

*George*  
**ISSUED**

DEC 17 2004

**PAID**  
CITY OF SACRAMENTO

DEC 17 2004

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

Sacramento Building Division

# IN PROGRESS INSPECTION REQUIRED

City of Sacramento



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

Building Permit

**ISSUED**

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

Permit No: 04-20735  
Date Issued: 12/17/04  
Total Amount: \$ 187.13  
Insp Area #: ZR

DEC 17 2004  
Sacramento Building Division

Inspection Request # (916) 264-7622

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

Site Address: 8112 SAN REMO WAY  
Nature of Work: TIA ROOF, APPLY FELT, INSTALL 30 yr DIM COMP

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 C39 License Number 713743 Date 12-16-04 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 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 12-16-04 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 STATE FUND  
Policy Number 33-2004 Expiration Date 01-01-05

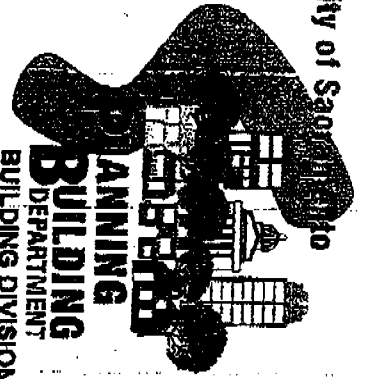
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12-16-04 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.

City of Sacramento



**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: 8112 SAN REMO WAY SAC CA 95823 Unit #  
 Parcel Number: 117-0420-0049  
 CONTACT PERSON: ROBERTA KAZIMASKA  
 Property Owner: SACO BABIN  
 Address: 8112 SAN REMO WAY SAC CA 95823  
 City/State/Zip: SAC CA 95823  
 Phone: 681-8459  
 CONTRACT PRICE: \$4200  
 CONTRACT PHONE: 916-341-0232  
 Contractor: CAL-WEST ROOFING License # 113743  
 Address: 3200 CUTLER A  
 City/State/Zip: DAVIS CA 95616  
 Phone: 916-341-0232 FAX: 505MS

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

Description of Work: T10 CODE, APPLY EGG, INSTALL 30 YR OSM COMP

<p><input checked="" type="checkbox"/> REROOF (excluding tile)</p> <p><input checked="" type="checkbox"/> TEAR-OFF  <input type="checkbox"/> RESHEET  <input checked="" type="checkbox"/> GARAGE</p> <p>Stories: 2                  # SQUARES: 2                  Material: 30 yr OSM COMP</p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> Wood  <input type="checkbox"/> T-111  <input type="checkbox"/> Horiz  <input type="checkbox"/> Vinyl  <input type="checkbox"/> Stucco</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> HVAC INSTALLATIONS</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT</p> <p><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 abal. unit to gas.</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> WATER HEATER  <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out  <input type="checkbox"/> Electric to Gas  <input type="checkbox"/> Retrofit  <input type="checkbox"/> New</p>	<p>(Residential ONLY)</p> <p>MINOR ELECTRIC and/or MINOR PLUMBING</p> <p><input type="checkbox"/> Electric Service Change # amps</p> <p><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</p>
<p>* Design Review approval may be required.</p>			
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<p>* NOTE: Correction Notice Items will require an additional building permit.</p>			
<p>1/2 Faxback Permit updated 12/09/01</p>			

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY  
FOR PERMIT #0420735**

**Bldg Minor Permit  
as of 12-17-2004 Permit Status: READY**

Site Address: 8112 SAN REMO WY SAC  
Parcel No: 117-0420-044  
Thomas Bros: 338A6

CONTRACTOR  
CAL WEST ROOFING  
3200 CUTTER PL  
DAVIS CA 915616  
Phone: 916-341-0232

OWNER  
BABLU AMI C/SARAH W  
8754 CARISSA WY  
ELK GROVE, CA 95824  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work:** T/I,&RROOF 1 STORY HOUSE & GARAGE W/22 SQS 30 YR COMP

Permit Valuation: \$4,200.00  
Square Footage: 0

**Fee Details**

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**TOTAL FEES .....: \$187.13**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: \$187.13**

*George*  
**ISSUED**

DEC 17 2004

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CITY OF SACRAMENTO  
DEC 17 2004  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

808-5359

TRANSMISSION VERIFICATION REPORT

TIME : 12/17/2004 09:23  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 12/17 09:21  
 FAX NO./NAME 93410232  
 DURATION 00:02:42  
 PAGE(S) 04  
 RESULT OK  
 MODE STANDARD

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 CASHIER'S WORKSHEET**

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