

TRANSMISSION VERIFICATION REPORT

TIME : 09/13/2005 09:01
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	09/13 08:59
FAX NO./NAME	96827636
DURATION	00:01:56
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

ISSUED

RECEIPT NUMBER: R0517033
 TRANSACTION DATE: 09/12/2005
 TRANSACTION AMOUNT: 190.87
 NOTATION:

SEP 12 2005

Sacramento Building Division

APD #: **0513921**
 SITE ADDRESS: 7233 CROMWELL WY SAC
 PARCEL: 047-0044-007
 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	190.87

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	3.56	.00	3.56
213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

Office Use Only

ISSUED

Permit No: 051392
Date Issued: 9/12
Total Amount: 190.87

SEP 12 2005

Please Fill in the Following

Site Address: 7233 Cornwell Way 95827
Nature of Work: Ten-ess Relt with 30-lb Rlt
RDS with 40-yr Dimensional Comp. Shingle

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).

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 B-C39 License Number 108335 Date 9-12-05 Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor License Law for the following reason (Sec. 7011.5, 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 Contractor 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 7011.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00).

I, as 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 this B & PC for this reason:

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 above-mentioned property for inspection purposes.

Date 9-12-05 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 this 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 0138816 Expiration Date 05/016

(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 9-12-05 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$10,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 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 Springfield



FAXBACK PERMIT APPLICATION

(Application Form: app-1)

Fees request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of their's Compensation Insurance. Work started before a Building Permit is issued will be subject to fines.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

Credit Card Info on File? Yes No RESIDENTIAL APARTMENTS (per unit per building) COMMERCIAL (per sq ft)

205 Address: 17233 Cromwell Way, Suite G, 95822, UNIT 8
 Permit Number: Contract # 8900
 CONTACT PERSON: Eddie Abella, Contract # 161-2727, 8011 Steed Way, Roseburg, OR 97535
 Project Name: Ergie Ramos, Contractor: Eddie Abella's Original Construction & Remodeling
 Address: 1333 Cromwell Way, Roseburg, OR 95822, Phone: 396-4431, Cell: 958-3300, Fax: 958-716316

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

Description of Work: Tear-off self with 30-16 self roof with 40-year Dimensional Composition Shingles approx 25-squares

<input type="checkbox"/> ROOF (including tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIRT <input checked="" type="checkbox"/> HOUSE 25 # SHINGLES 2 3+ Material: 40-year composition Dimensional Shingles	<input type="checkbox"/> HVAC INSTALLATION <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"/> Fuel oil <input type="checkbox"/> Other	<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"/> Reroute <input type="checkbox"/> New <input type="checkbox"/> Not on Permit	<input type="checkbox"/> OTHER ELECTRICAL UNDER OTHER PERMITS <input type="checkbox"/> Electric Service Change <input type="checkbox"/> New electric service <input type="checkbox"/> Re-run <input type="checkbox"/> Re-entrant <input type="checkbox"/> Meter 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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OS 13921
Area 2