

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 03/08/2005

RECEIPT NUMBER: R0503756

TRANSACTION DATE: 03/08/2005  
TRANSACTION AMOUNT: 78.89  
NOTATION:

## ISSUED

MAR 08 2005

Sacramento Building Division

APD #: **0503096**  
SITE ADDRESS: 1901 F ST SAC  
PARCEL: 003-0124-019

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	78.89

### 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	.30	.00	.30
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

## PAID

CITY OF SACRAMENTO

MAR 08 2005

NEIGHBORHOOD PLANNING  
AND DEVELOPMENT SERVICES

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

ISSUED

MAR 08 2005

Sacramento Building Division

Office Use Only

Permit No: 0503096
Date Issued: 4-16-05
Total Amount: 1799.40

Please Fill in the Following
Site Address: 1901 F STREET

Nature of Work: Install water line - install only, owner to trench & provide material

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: NIA
Lender's Address: NIA

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: C36 License Number: 702292 Date: 3/7/05

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, 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) 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: 3/7/05 Owner Signature: [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: 3/7/05 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 the permit is issued.
[X] 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: Stone Fund
Policy Number: 13678579
Expiration Date: 2/10/06

(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: 3/7/05 Applicant Signature: [Signature]

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 3700 OF THE LABOR CODE. INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Jeffs



Fax # (916) 264-1901

### 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: 1901 F St  
 Parcel Number: 003-0124-019  
 CONTACT PERSON: JANE WILKIE  
 Property Owner: BILL WATSON  
 Address: 1901 F St  
 City/State/Zip: SACRAMENTO CA  
 Phone: 451 3333

Contract Price \$ 750 -  
 CONTACT PHONE: 427 6037  
 Contractor: JERS Plumbing License # 702292  
 Address: P.O. Box 23172  
 City/State/Zip: SACRAMENTO CA 95822  
 Phone: 427 6037 FAX: 391 0161

Unit #

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

Description of Work: *Provide materials (install only) owner to the back*

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES _____ Stories _____ Material _____	<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"/> 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"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER <input checked="" 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"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input checked="" 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"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shutter	Value of duct work _____ Equipment _____ Contract _____ 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	(Residential and single apartment units only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E

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MODE = MEMORY TRANSMISSION

START=MAR-08 08:54

END=MAR-08 09:01

FILE NO. =403

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
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-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

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*Jeff*