

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2005 10:35
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 09/19 10:34
FAX NO./NAME 96389928
DURATION 00:00:44
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED *George*
SEP 19 2005

RECEIPT NUMBER: R0517636
TRANSACTION DATE: 09/19/2005
TRANSACTION AMOUNT: 242.00
NOTATION:

Sacramento Building Division

APD #: 0514416
SITE ADDRESS: 831 FAIRGROUNDS DR SAC
PARCEL: 011-0380-004
TYPE: Bldg Minor Permit
SUB-TYPE: COM
HOUSING: N
STATUS: ISSUED

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	242.00

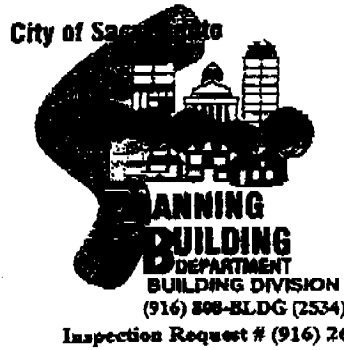
PAID
CITY OF SACRAMENTO

SEP 19 2005

NEIGHBORHOODS PLANNING
AND DEVELOPMENT DIVISION

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt



Building Permit

Levy
ISSUED

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

Permit No: 0514416
 Date Issued:
 Total Amount: \$ 242.00
 Insp Area #: 3C

SEP 19 2005

Sacramento Building Division

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

Site Address: 831 FAIRGROUNDS DR 70585
 Nature of Work: INSTALL VINYL SIDING OVER EXISTING

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 B-1 License Number 842526 Date 9-16-05 Signature MJERS

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 above mentioned property for inspection purposes.

Date 9-16-05 Applicant Agent Signature MJERS

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 STATIS EUNA
 Policy Number 1768790-2005 Expiration Date 1-1-06

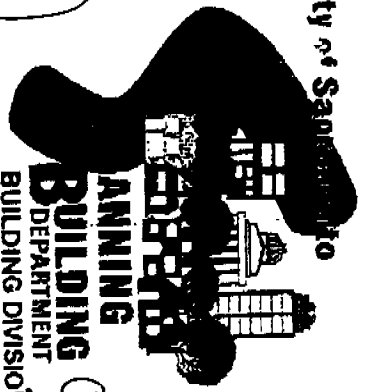
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 9-16-05 Applicant Signature MJERS

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 OF WORK IF NOT COMPLETED WITHIN 180 DAYS

City of Sacramento



011-0380-004

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: 831 Fairgrounds Dr
Parcel Number: _____

CONTACT PERSON: MIKE ELLIS

Property Owner: Passaglia & Son Green Fair LP

Address: 911 N. STADENBAKER RD

City/State/Zip: LOUIS BROOK, CAL 94845

Phone: 415-6427

Contract Price \$ 50,000.00

CONTACT PHONE: 478-5876

Contractor: Thermaguard Cons.

Address: 1090 Sunrise Blvd Cir

City/State/Zip: Rochester, CA 94845

Phone: 925-9432

License # 842526

FAX: 658-9928

2 stories

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

INSTALL Vinyl Siding over existing 70 sf's

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # Stories: 1 2 3+ 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<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"/> Retoat <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"/> Siding/Studs <input type="checkbox"/> Mud/Sill <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"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # outlets <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
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* Design Review approval may be required.

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* NOTE: Correction Notice items will require an additional building permit.

IVR1 Faxback Permit updated 12/09/01