

TRANSMISSION VERIFICATION REPORT

TIME : 05/16/2006 14:31
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 05/16 14:30
FAX NO./NAME 56862606
DURATION 00:01:11
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

**ISSUED
CITY OF SACRAMENTO**
MAY 16 2006

RECEIPT NUMBER: R0608789
TRANSACTION DATE: 05/16/2006
TRANSACTION AMOUNT: 214.70
NOTATION:

**DOWNTOWN PERMIT
CENTER**

APD #: **0606987**
SITE ADDRESS: 4421 MOSS DR SAC
PARCEL: 016-0075-004

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: **ISSUED**

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Check		214.70

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	12.00	.00	12.00
207	Strong Motion (SMI)	1600	3.00	.00	3.00
213	General Plan Surcharg	1760	17.70	.00	17.70
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

Building Permit

City of Sacramento



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

CITY OF SACRAMENTO

Permit No: _____ Date Issued: MAY 16 2006 Total Amount: _____ Insp Area #: _____

Please Fill in the Following NEW CITY HALL

Inspection Request # 116) 264-7a22

Site Address 4421 - MOSS DR Nature of Work 1000€ HEAVY SHAKE G.

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.)

LICENSURE CONTRACTOR'S DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 4 of Division 3 of the Business and Professions Code and my license is in full force and effect. License Number 407605 Date 5-15-06 Signature Jim Moly

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reasons: (Sec. 7031.5, Business and Professions Code) any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure. 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 of 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).

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 location of improvements relating to the proposed 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.

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 the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: STATE Fund 773697-05 Expiration Date 10-06

PERMITS: I shall not become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. THE PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-264-1901

Review make sure no roof permit

HAS BEEN ISSUED yet! J.M.

MINOR PERMIT APPLICATION

Date: 5-15-06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

FOR BOSS

Job Address: 4421- moss dr Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Unit # _____ Contract Price \$ 30,000

CONTACT INFO Name: JIM MOYLEN Phone #: 531-2793 Email: _____

Property Owner: TOM HIGGINS Contractor: JIM MOYLEN License #: 407605
Address: 4421- moss dr Address: 9161 Capertuno Dr
City/State/Zip: SACRO CA City/State/Zip: Elk Grove CA
Phone: 444-6972 Phone: 531-2793 Fax: 686-2606

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: *TEAR off Shake - Repair with class C Heavy Shake*

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: <i>1</i> # Chimneys: <i>40</i> Material: <i>C-Heavy Shake</i> <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	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> Other <input type="checkbox"/> Dry Rot or Termit <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> Sewer <input type="checkbox"/> Gas * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's initials: _____ Permit #: _____