INSPECTIO



City of Sae

BUILDING	Total Amount: \$ 188,50
	Sacramento Building Division
	********* Please Fill in the Following
BUILDING DIVISION	Site Address: 6229 Fordham way
(916) 808-BLDG (2534)	Nature of Work: Reroof
************	*************
CONSTRUCTION LENDING AGENCY: I hereby a	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
commencing with section 7000) of Division 3 of the Busine License Class C 39 License Number 435996 DWNER-BUILDER DECLARATION: I hereby affir eason (Sec. 7031.5, Business and Professions Code; any city prior to its issuance, also requires the applicant for such permuticense Law (Chapter 9 (commencing with Section 7000) of pasis for the alleged exemption. Any violation of Section 70 hundred dollars (\$500.00); 1, as a owner of the property, or my employees with the such work himself or herself or through his/her own he building or improvement is sold within one year of complete purpose of sale.) Las owner of the property, ann exclusively contract.	I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 as and Professions Code and my license is in full force and effect. Date Date Signature Signature Signature For under penalty of perjury that I am exempt from the contractors License Law for the following of county which requires a permit to construct, after, improve, demolish, or repair any structure, it to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the 31.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five inthe wages as their sole conspensation, will do the work, and the structure is not intended or offered intractors License Law does not apply to an owner of property who builds or improves theseon, and memployees, provided that such improvements are not intended or offered for sale. If, however, letion, the owner-builder will have the burden of proving that he/she did not build or improve for cting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: property who builds or improves thereon, and who contracts for such projects with a contractor(s)
icensed pursuant to the Contractors License Law).	
DateOwner Signs	B & PC for this reason:
Date Owner Signal In ISSUING THIS BUILDING PERMIT, the application or private agreement relating to permissible or prohibited location of any private agreement relating to permissible or prohibited location or the violation of any private agreement relating to be sufficiently that I have read this application and state that all infection building construction and hereby authorize representatives.	antere
Date Owner Signs In ISSUING THIS BUILDING PERMIT, the applicate agreement relating to permissible or prohibited locations provenent or the violation of any private agreement relating to permissible or prohibited locations provenent or the violation of any private agreement relating to permissible or prohibited location provenent or the violation of any private agreement relating to permissible or prohibited location private agreement relating to permissible private agreement relating to permissible private agreement private agreement relating to permissible private agreement p	antere
Date Owner Signs In ISSUING THIS BUILDING PERMIT, the applicate all measurements and locations shown on the application or private agreement relating to permissible or prohibited location private agreement or the violation of any private agreement relating to building construction and hereby authorize representative to building construction and hereby authorize representative Date Applicant/A WORKER'S COMPENSATION DECLARATION I have and will maintain a certificate of consent the performance of work for which the permit is X. I have and will maintain workers' compensation in this permit is issued. My workers' compensation in this permit is issued to be completed if the permit is the permit in the permit is the permit is the permit is in the permit in the permit is in the permit is in the permit in the per	ant represents, and the city relies on the representation of the applicant, that the applicant verified accompanying drawings and that the improvement to be constructed does not violate any law or ions for such improvements. This building permit does not authorize any illegal location of anying to location of improvements. This building permit does not authorize any illegal location of anying to location of improvements. This building permit does not authorize any illegal location of anying to location of improvements. The permit does not authorize any illegal location of anying to location is correct. I agree to comply with all city and county ordinances and state laws relating (s) of this city to enter upon the abovementioned property for inspection purposes. The permit does not authorize any illegal location of any inspection purposes. The permit does not authorize any illegal location of any inspection purposes. The permit does not authorize any illegal location of any inspection purposes. The permit does not authorize any illegal location of any inspection purposes. The permit does not violate any location of any illegal locati

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 1706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

COTTRESTOR STATE OF THE STATE O

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BUILDING BUILDING 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)
Job Address: 6229 Ford ham way	Unit #
Parcel Number: 024-0382-006	Contract Price \$ 201 /3,000 Bit.
CONTACT PERSON: Regina Jones	CONTACT PHONE: (916) 663-9395
Property Owner. Wervier Billier	Contractor: J. D. Jones Roof CRAfter ing. 43599
Address: 6229 Fordham way	Address: 100 HIDDEN Acres
CITY/State/ID: 5 Acramento 01 9583/	ocastle. Ct
Phone: (9/6) 797-0198	Phone: 19/6) 663-9395 FAX: 663-9397

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

Description of Work: Remove Ex	hake Rood -	unstall The OSB - Keroof with	with
X REROOF (excluding tile)	(Residential ONLY)	dental ONLY)	(Residential ONLY)
ST TEAR-OFF	D HVAC INSTALLATIONS	TER HEATER	MINOR ELECTRIC and/or MINOR
A RESERET	D NEW D CHANGE-OUT	O GAS D ELECTRIC	
MACHOUSE DOGARAGE	☐ Heat Pump	D Change-out	☐ Electric Service Change
# SQUAR	☐ Package	D Electric to Gas	# amps
- 1	□ Split system	□ Relocate	O New electric
Material GAF Grand See your	☐ Roof mount	D New	drouts
		☐ DRY ROT OR TERMITE DAMAGE	□ Re-wire
Corona de la corona dela corona de la corona dela corona de	Heat pump or elect, unit to	REPAIR	Replacement
	gas.	☐ Flooring/Joints ☐ Mudsill/Stude	☐ Water Service
n Wood	D Wall furnisce	-CI Roof Structure CI Exterior	☐ Sewer Service
- T-111	C Fire Place Insert	* Design Review approval may be required.	□ Gas Line
n Horiz	☐ Other (describe below)	PUBLIC UTILITIES SAFETY INSPECTION .	□ Re-plumb
-	Value of duct work:	(Residential and single apartment units ONLY)	O Water
	Equipment: \$	D SMUD D PG&E	O Waste
1	Cut-in: \$	*NOTE: Correction Notice Items will require an	
Thereton Peview approval may be required.	* Design Review approval may be required.	additional building permit.	IVR Faxback Permit updated 12/09/01

CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

FEE SUMMARY FOR PERMIT #0409273

Bldg Minor Permit

as of 06-11-2004 Permit Status: READY

Site Address: 6229 FORDHAM WY SAC

Parcel No:

024-0382-006

Thomas Bros: 317A6

CONTRACTOR

J.D JONES ROOF CRAFTER

100 HIDDEN ACRES NEW CASTLE CA 95658

Phone: 916-663-9395

<u>OWNER</u>

DILLIER WERNER C & ALICE M

6229 FORDHAM WY

SACRAMENTO CA 95831

Phone:

Phone:

ARCHITECT

Nature of Work: T/O,RESHEET,&RROOF 1 STORY HOUSE&GARAGE W/35 SQS COMP

Permit Valuation:

\$13,000.00

Square Footage:

0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	PermitBuilding-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	5.20	.00	5.20
207	Strong Motion (SMI)	1600	1.30	.00	1.30
259	Technology Surcharge	1750	7.00	.00	7.00

TOTAL FEES: \$188.50 Payments \$0.00

BALANCE DUE \$188.50

PAID
CITY OF SACRAMENTO

JUN 1 1 2004

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

MODE - MEMORY TRANSMISSION

START=JUN-11 10:35

- **** -

END=JUN-11 10:38

FILE NO. =801

ONE-TOUCH/ STATION NAME/EMAIL ADDRESS/TELEPHONE NO. PAGES DURATION STN COMM.

NO. ABBR NO.

OK

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-CITY OF SACRAMENTO

96639397

916 264 5987- *******

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0409482

TRANSACTION DATE: 06/11/2004 TRANSACTION AMOUNT: 188.50

NOTATION:

APD #: 0409273

SITE ADDRESS: 6229 FORDHAM WY SAC PARCEL: 024-0382-006

TYPE: Bldg Minor Permit SUB-TYPE: RES

HOUSING: N STATUS: ISSUED Mixed Income Housing

Fee Program

TRANSACTION LIST

Тура	Method	Description	Pymt Amount
Payment	Credit C	TEETER	188.50

RECEIPT ACCOUNT ITEM LIST

Class # De	escription	Item #	Total Fee	Prev Pymt	Current Pymt
206 C 207 S	ermitBuilding-Res ity Business Oper Tax trong Motion (SMT) echnology Surcharge	1100 1730 1600 1750	175.00 5.20 1.30 7.00	.00 .00 .00 .00	175.00 5.20 1.30 7.00

PAID CITY OF SACRAMENTO

JUN 1 1 2004

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES