

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 09/01/2004

RECEIPT NUMBER: R0415243

TRANSACTION DATE: 09/01/2004  
TRANSACTION AMOUNT: 184.16  
NOTATION:

APD #: **0414342**  
SITE ADDRESS: 2717 PORTOLA WY SAC  
PARCEL: 013-0121-037

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

*Fee*  
**ISSUED**

Mixed Income Housing  
Fee Program  
??

SEP 01 2004

TRANSACTION LIST

Sacramento Building Division

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	184.16

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	1.66	.00	1.66
207	Strong Motion (SMI)	1600	.50	.00	.50
259	Technology Surcharge	1750	7.00	.00	7.00

**PAID**  
**CITY OF SACRAMENTO**

SEP 01 2004

NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

City of Sacramento



BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

*[Handwritten initials]*

ISSUED

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

Permit No: 0414342

Date Issued: 8/1/04

Total Amount: \$184.16

INSPECTION 3

SEP 01 2004 Sacramento Building Division

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

Site Address: 2717 PORTOLA WY

Nature of Work: TEAR OFF & REROOF

WITH 30-yr. Comp.

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 C39 License Number 758861 Date 8/30/04 Signature *[Handwritten Signature]*

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 8 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 abovementioned property for inspection purposes.

Date 8/30/04 Applicant/Agent Signature *[Handwritten 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.

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 285-0002146 Expiration Date 11/105

(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 8/30/04 Applicant Signature *[Handwritten Signature]*

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 IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)

Faxed request received in this office before 3:00 pm, 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

DEPARTMENT  
BUILDING DIVISION  
Fax # (916) 264-1901

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

RESIDENTIAL  X

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 2717 PORTOLA WAY Unit #         

Parcel Number:          Contract Price \$ 4150.00

CONTACT PERSON: BEN GOMER GAS-5992 CONTACT PHONE: 845-5992

Property Owner: 1 Ed Horn Back Contractor: Central Pacific License # 758661

Address: 2717 PORTOLA WAY Address: P.O. Box 2184

City/State/Zip: Salem, OR 97310 City/State/Zip: OR 97310

Phone: 451-6088 Phone: 724-5511 Fax: 724-1569

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

Description of Work: TEAR OFF ROOF + RE-ROOF WITH 30 yr comp.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE # Stories <u>1</u> # SQUARES <u>2</u> 3+ Material: <u>TEAR OFF COMP</u> # <u>4</u> RE-ROOF WITH COMP.	<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"/> Outside <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) Value of exact work: <u>        </u> Equipment: <u>3</u> Cost: <u>5</u>	<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"/> Recirculate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMINATE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Woodmill/Joists <input type="checkbox"/> Siding <input type="checkbox"/> Gable	(Residential ONLY) MINOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <u>        </u> <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 forms will require an additional building permit.

1/9 Faxback Form updated 12/08/01

**CITY OF SACRAMENTO**  
**1231 I Street, Sacramento, CA 95814**

**FEE SUMMARY**  
**FOR PERMIT #0414342**

**Bldg Minor Permit**  
**as of 09-01-2004 Permit Status: READY**

**Site Address: 2717 PORTOLA WY SAC**  
**Parcel No: 013-0121-037**  
**Thomas Bros: 317E1**

**CONTRACTOR**  
 CENTRAL PACIFIC ROOFING  
 P.O. BOX 2784  
 CITRUS HEIGHTS CA 95611  
 Phone: 916-726-1571

**OWNER**  
 COLLINS ROSS E/RENEE FARWIG-  
 2717 PORTOLA WY  
 SACRAMENTO CA 95818  
 Phone:

**ARCHITECT**  
  
 Phone:

**Nature of Work: REROOF - TEAR OFF INSTALL 17 SQ 30 YR DIM LAM COMP. 1 STORY**

Permit Valuation: \$4,150.00  
 Square Footage: 0

**Fee Details**

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**TOTAL FEES .....: \$184.16**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: \$184.16**

PAID  
 CITY OF SACRAMENTO  
 SEP 01 2004  
 NEIGHBORHOODS, PLANNING  
 AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=SEP-01 14:01

END=SEP-01 14:08

FILE NO.=427

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	97261569	006/006	00:01:51

-CITY OF SACRAMENTO -

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

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