

TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2006 16:18
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME : 08/16 16:17
 FAX NO./NAME : 96358626
 DURATION : 00:01:23
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 AUG 16 2006
 DOWNTOWN PERMIT
 CENTER**

RECEIPT NUMBER: R0615190

TRANSACTION DATE: 08/16/2006
 TRANSACTION AMOUNT: 198.21
 NOTATION:

**PAID
 CITY OF SACRAMENTO
 AUG 16 2006**

APD #: 0612592
 SITE ADDRESS: 1420 SHERWOOD AV SAC
 PARCEL: 017-0134-005

NEW CITY HALL

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

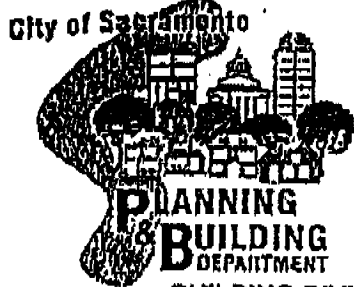
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	198.21

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	5.89	.00	5.89
207	Strong Motion (SMI)	1600	1.47	.00	1.47
213	General Plan Surcharge	1760	8.85	.00	8.85
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

ISSUED

***** Office Use Only ***** CITY OF SACRAMENTO

Permit No: 0612592 Date Issued: AUG 16 2006 Total Amount: 198.21

AUG 16 2006 DOWNTOWN PERMIT CENTER

Area: PAID CITY OF SACRAMENTO

AUG 16 2006

Please Fill in the Following Site Address: 440 Sherwood Ave Sac 95822 Nature of Work: Tear off shake roof with NEW CITY Residential Composition

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 416821 Date 08/15/06 Signature Sandra L Bedford

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 hundred dollars (\$500.00); I, as 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 Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and 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. D & 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 08/15/06 Applicant/Agent Signature Sandra L Bedford

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 169782904 Expiration Date 07-31-08

(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 08/15/06 Applicant Signature Sandra L Bedford

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 3708 OF THE LABOR CODE, INTEREST AND ATTORNEYS FEE.

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



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOFSACRAMENTO.ORG
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permit Center, New City Hall
 915 I Street, 3rd Floor, Sacramento, CA 95814
 North Permit Center
 2101 Archa Blvd., Suite 200, Sacramento, CA 95834
 Fax # 916-808-8370

Activity # 0102592 **FAXBACK PERMIT APPLICATION** Date: 08/15/06
 (certain restrictions apply)

Faxed 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 a quad fee.

Permits requiring Plan Review are not eligible for FAXBACK

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

CREDIT CARD INFORMATION ON FILE? Yes No
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 1420 SHELDON AVE SAC 95822 Unit # 19 Contract Price 713.00
 Contact Person: Barth Reynolds Contact Phone: 916-455-2968
 Property Owner: Barth Reynolds Contractor: CAL-PAC ROOFING License # 416821
 Address: 1420 Sheldon Ave Address: 12367 Coloma Road C-2
 City/State/Zip: Sacramento CA 95822 City/State/Zip: Rancho Cordova CA 95670
 Phone: 455-2968 Phone: 916-635-6300 Fax: 916-635-8626

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: Tear off wood shake roof with residential composition

<input checked="" type="checkbox"/> Roof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>46</u> Material: <u>Composition</u> <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"/> Gas <input 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"/> Dry Rot or Termite Damage Repair (Describe Locations Below)	<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"/> SMUD <input type="checkbox"/> PG&E
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NOTE:
 Correction Notice items will require an additional building permit.

* Design Review approval may be required.
 * Design Review approval may be required.

PBF10002