

TRANSMISSION VERIFICATION REPORT

TIME : 08/26/2005 16:17
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	08/26 16:16
FAX NO./NAME	94354687
DURATION	00:00:57
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0516000
 TRANSACTION DATE: 08/26/2005
 TRANSACTION AMOUNT: 186.84
 NOTATION:

APD #: 0513036
 SITE ADDRESS: 2204 COROVAL DR SAC
 PARCEL: 225-0768-010
 TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

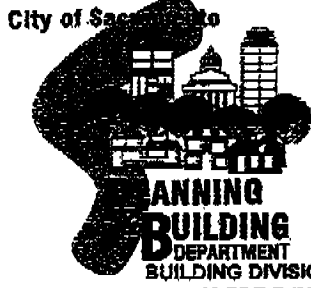
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		186.84

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	1.89	.00	1.89
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharge	1750	7.00	.00	7.00



Building Permit

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

PAID
CITY OF SACRAMENTO

Permit No: CS13036
Date Issued: 8/25/05
Total Amount: 186.84
Insp Area #: 4

AUG 26 2005

KM

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

Inspection Request # (916) 264-7622

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

Site Address: 2204 CORONAL DR. SAC, CA. 95833
Nature of Work: HVAC SPLIT SYSTEM REPLACEMENT

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 C20 License Number 506096 Date 24 AUGUST Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 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 work to a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

PAID
CITY OF SACRAMENTO

AUG 26 2005

Date _____ Owner Signature _____

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation, that the proposed work shown on 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 24 AUG 05 Applicant/Agent Signature [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 GRANITE STATE INSURANCE CO
Policy Number WC 0095414900 Expiration Date 9/12/2005

(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 24 AUG 05 Applicant Signature [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 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:

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

OSI 3036
AREA 4

Job Address: 2204 CORONAL DR Unit # _____
 Parcel Number: _____
 CONTACT PERSON: MARCE ALLEN Contract Price \$ 4776
 CONTACT PHONE: 916-442-5542
 Property Owner: VELDA RODRIGUEZ Contractor: SWITZERLAND AIR License # 588096
 Address: 2204 CORONAL DR Address: 3845 AHERTON ROAD, STE 4
 City/State/Zip: SAC CA 95833 City/State/Zip: ROCKLIN CA 95765
 Phone: 980-1831 Phone: 916-442-5542 FAX: 916-435-4187

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

Description of Work: HVAC SPLIT SYSTEM REPLACEMENT **PAID**
 CITY OF SACRAMENTO
 ATTC 2 6 2005

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ # GARAGE _____ # Stories _____ Material: _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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: \$ _____ * Design Review approval may be required.	(Residential ONLY) <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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES MINOR ELECTRICAL REPAIRS PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <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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