

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 11/01/2004

RECEIPT NUMBER: R0419953

TRANSACTION DATE: 11/01/2004
TRANSACTION AMOUNT: 184.23
NOTATION:

APD #: **0418376**
SITE ADDRESS: 518 LOVELLA WY SAC
PARCEL: 005-0182-016

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

See
ISSUED

NOV 01 2004

Mixed Income Housing
Fee Program
??

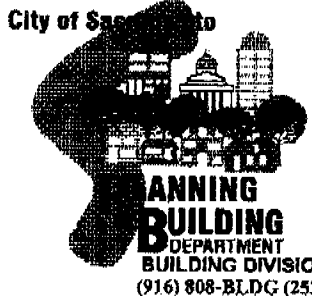
Sacramento Building Division

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	184.23

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	1.73	.00	1.73
207	Strong Motion (SMI)	1600	.50	.00	.50
259	Technology Surcharge	1750	7.00	.00	7.00



Building Permit

ISSUED

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

Permit No: 0418376
Date Issued: 11/01/04
Total Amount: 784.23
Insp Area #: IR

NOV 01 2004
Sacramento Building Division

Inspection Request # (916) 264-7622

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

Site Address: 518 Lovella Way Sacramento
Nature of Work: Overlay w/ 30 yr Owens Corning
Estate Gray 5" gutter

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 763434 Date 10/29 Signature Michele Scala

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 10/29 Applicant/Agent Signature M. Scala

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 403-000025 Expiration Date 10-1-05

(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 Applicant 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)



Fax # (916) 264-1901

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) COMMERCIAL (limited)

Job Address: 518 Lorella Way Sacramento Unit # _____

Parcel Number: 005-0182-010-0000 Contract Price \$ 4318.00

CONTACT PERSON: Lindsay Wegner Glover CONTACT PHONE: 530 672 9994

Property Owner: Lindsay Glover Contractor: Straight Line License # 763434

Address: 518 Lorella Way Address: 3700 Broadway Dr.

City/State/Zip: Sacramento CA City/State/Zip: Sacramento CA

Phone: 916-324-4194 Phone: 530 672 9995 FAX: 672 9994

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

Description of Work: Overlaid with 30 year Divers Corning Estar gray 57 gaffer.

PEREROOF (excluding tile) TEAR-OFF RESHEET GARAGE

HOUSE # SQUARES 2 3+

Stories 2 Composition 3+

SIDING

Wood T-111 Horiz Vinyl Stucco

HVAC INSTALLATIONS

NEW CHANGE-OUT

Heat Pump Package Spill system Roof mount Cut-in Heat pump or elect. unit to gas.

Wall furnace Fire Place insert Other (describe below)

Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____

WATER HEATER ELECTRIC GAS

Change-out Electric to Gas Relocate New

DRY ROT OR TERMITTE DAMAGE REPAIR

Flooring/Joists Mud sill/Studs Roof Structure Exterior

* Design Review approval may be required.

PUBLIC UTILITIES SAFETY INSPECTION *

(Residential and single apartment units ONLY)

SMUD PG&E

MINOR ELECTRIC and/or MINOR PLUMBING

Electric Service Change # amps _____

New electric circuits Re-wire Replacement

Water Service Sewer Service Gas Line Re-plumb Water Waste

*NOTE: Correction Notice items will require an additional utility permit.

* Design Review approval may be required.

MODE = MEMORY TRANSMISSION

START=NOV-01 10:03

END=NOV-01 10:09

FILE NO.=145

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	A	915306729994	004/004	00:01:30

-CITY OF SACRAMENTO -

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

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