IN PROGRESS	Building Permit Love
	ED Office Use Only ************************************
	4/ - 1062
	Permit No: 04.038.73 Date Issued: MAR 1 7 2004 Total Amount: R 183.18
A POINT DING	Sacramento Building Division
D DEPARTMENT	Sacramento Building Division Please Fill in the Following Site Address: 1201 58#/ Street, Sacramento
BUILDING DIVISION (916) 808-BLDG (2534)	
(222) === 1	Nature of Work: Remove Comp Roof (Barkwood)
**********	***********
CONSTRUCTION LENDING AGENCY: I hereby affire the work for which this permit is issued (Sec. 3097, Civ. C). Lender's Name	m under penalty of perjury that there is a construction lending agency for the performance of Lender's Address
LICENSED CONTRACTORS DECLARATION: Y h (commencing with section 7000) of Division 3 of the Business at License Class C 39 License Number 435996	nereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 and Professions Code and my license is in full force and effect. Date: 3 1/4 0/5 Signature
reason (Sec. 7031.5, Business and Professions Code; any city of a prior to its issuance, also requires the applicant for such permit to License Law (Chapter 9 (commencing with Section 7000) of Divbasus for the alleged exemption. Any violation of Section 7031.5 hundred dollars (\$500.00); I, as a owner of the property, or my employees with w for sale (Sec. 7044, Business and Professional Code: The Contract who does such work himself or herself or through his/her own en the building or improvement is sold within one year of completio the purpose of sale.) I, as owner of the property, am exclusively contracting The Contractors License Law does not apply to an owner of properties and pursuant to the Contractors License Law). I am exempt under Sec. B &c.	the value on the sention of the senticent, that the spoticant verified
all measurements and locations shown on the application of acci- private agreement relating to permissible or prohibited locations improvement or the violation of any private agreement relating to	on such improvements. This building permit does not authorize any illegal location of any to location of improvements.
A 13 2	Of Olff City to take a physical control of the control of the city
Date 3-/6-04 Applicant/Ages	nt Signature
WORKER'S COMPENSATION DECLARATION: 1 I have and will maintain a certificate of consent to	hereby affirm under penalty of perjury one of the following declarations: self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for
X I have and will maintain workers' compensation in	surance carrier and policy number are:
Coming State Fund Compensation.	Ins.
I shall not employ any person in any manner so as	tor \$100 or less) I certify that in the performance of the work for which this permit is issued, to become subject to the workers' compensation laws of California and agree that if I should islow of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
Date 3-16-04 Applicant Sign	ature
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION OF CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,0) 706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE	OVERAGE IS UNLAWFAL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND 1000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 186 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:

REROOF (excluding tile) TEAR-OFF RESHRET RESHR	Address: 120 SETA Stree I Number: 009-0243 TACT PERSON: Regina Jones Property Owner: 120 SETY Stree Address: 120 SETY Stree City/State/Zip: Secretory of Bol-0708 Phone: (914) 801-0708 NATURE OF WORK: (Fighting of ASS 7)	FBX # (010) £04-100 :
(Residential ONLY) HYAC INSTALLATIONS CHANGE-CUT Heat Pump CHANGE-CUT Package Roof mount Cub-in Roof mount Cub-in Heat pump or elect unit to gas. Whill fumace Pice Insert Cub-in Other (describe below) Value of duct work: Equipment: \$ Cut-in: C	Contract A 95819 rovide detailed description of work 8 (Cany) Shaneles K (Cany) Bake K wood K	RESIDENTIAL EL APARTMEI
(Residential ONLY) WATER HEATER QAS D ELECTRIC Change-out Electric to Ges Relocate Relocate Repair New REPAIR REPAIR Repair Exterior Public Utilities SAFETY INSPECTION (Residential and single apartment units ONLY) SMUD D PGAE Reditional building permit.	663-9395 dden Roof Graft dden Acres 1110, CA 53-9395 selections below.	APARTMENTS (4+ units per building)
MINOR ELECTRIC andier MINO PLUMBING Discric Service Change # ampa New electric circuits Replacement Sewar Service Gas Line Gas Line Replumb D Water Waste	Unit# 95658 97658 9769 663-9397 1000- Comp. Shingles	COMMERCIAL (limited)

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

FEE SUMMARY FOR PERMIT #0403893

Bldg Minor Permit as of 03-17-2004 Permit Status: READY

Site Address: 1201 58TH ST SAC

Parcel No: 008-0243-023

Thomas Bros: 298A6

CONTRACTOR

J.D JONES ROOF CRAFTER 100 HIDDEN ACRES

NEW CASTLE CA 95658

Phone: 916-663-9395

OWNER

MICHAEL YAHNER

1201 58TH ST

SACRAMENTO CA 95819

Phone: 801-0708

<u>ARCHITECT</u>

Phone:

Nature of Work: T/O,&RROOF 1 STORY HOUSE & GARAGE W/17 SQS 40 YR COMP

Permit Valuation:

\$3,200.00

Square Footage:

0

-			
Building Permit:	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee:	\$0.50	Sewer Development Fee:	\$0.00
City Bus Oper Tax:	\$1.28	Regional Sanitation Fee.:	\$0.00
Technology Fee:	\$7.00	Pocket Area Road:	\$0.00
Housing Surcharge:	\$0.00	SAFCA Fee:	\$0.00
Res Const Tax:	\$0.00	North Natomas:	\$0.00
Penalty Fee:	\$0.00	FBA-Jacinto Creek:	\$0.00
Inspections:	\$0.00	Refund:	\$0.00
Replace Cards:	\$0.00		
Renewal Fee:	\$0.00	Additional Fees:	\$0.00
Water Meter Fee:	\$0.00		
		TOTAL FEES:	\$183.78
		Payments:	\$0.00
		BALANCE DUE:	\$183.78

MODE = MEMORY TRANSMISSION START=MAR-17 09:34 END=MAR-17 09:36

FILE NO. =981

STN COMM.

ONE-TOUCH/ STATION NAME/EMAIL ADDRESS/TELEPHONE NO.

PAGES DURATION

ABBR NO.

001

96639397

004/004 00:02:19

-CITY OF SACRAMENTO

| 100 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200

- **** **-**

916 264 5987~ *******

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0403975

TRANSACTION DATE: 03/17/2004
TRANSACTION AMOUNT: 183.78

NOTATION:

APD 4: 0403893
SITE ADDRESS: 1201 58TH ST SAC
PARCEL: 008-0243-023

TYPE: Bldg Minor Permit

SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED

The second secon Mixed Income Housing Fee Program

3.5

TRANSACTION LIST

Method Description Pymt Amount Payment Credit C TEETER 183.78

RECEIPT ACCOUNT ITEM LIST

Class # Description	Item #	Total Fee	Prev Pymt	Current Pymt
200 Permit+ Building-Rcs 206 City Business Oper Tax 207 Strong Motion (SMI)	1100	175.00	.00	175.00
206 City Business Oper Tax	1730	1.28	.00	1.28
	1600	.50	.00	.50
259 Technology Surcharge	1750	7.00	.00	7.00

FAI OFF OF SACREMENTS

J1 MAR 1 7 29.8

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MEIGHBURGOTTS SURANNING AND GEVELOPINGET SERVICES