

TRANSMISSION VERIFICATION REPORT

TIME : 08/08/2006 12:35
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME	08/08 12:34
FAX NO./NAME	99201556
DURATION	00:01:10
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

*South
Sea*

COPY 08/08/2006

RECEIPT NUMBER: R0614549

TRANSACTION DATE: 08/08/2006
 TRANSACTION AMOUNT: 186.95
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 AUG 08 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: 0612114
 SITE ADDRESS: 4505 ARMADALE WY SAC
 PARCEL: 119-0311-017

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	186.95

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Pre Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.00	.00	2.00
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Fax # (916) 264-1901
Inspection Request # (916) 264-7622

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

Permit No: 0012114
Date Issued: 8-8-2006
Total Amount: \$ 186.95
Insp Area #: 2

ISSUED
CITY OF SACRAMENTO
AUG 08 2006

DOWNTOWN PERMIT CENTER

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

Site Address: 505 Armadale Way, Sacramento, CA 95823
Nature of Work: Install Landmark 30 year dlm. comp shingles over existing roof

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 708153 Date August 8, 2006 Signature Desmona Makubeh

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 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 Professions 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: August 8, 2006 Applicant/Agent Signature Desmona Makubeh

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 _____
Policy Number _____ Expiration Date _____

(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: August 8, 2006 Applicant Signature Desmona Makubeh

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



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

Fax # (916) 264-1901
Inclusive Permit # (916) 264-7622

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.

06/21/14
Area 2

Credit Card Information on File? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 4605 Armadale Way

Parcel Number: _____ Unit # _____

Contract Price \$ 5,000.00

CONTACT PERSON: Desmond or Sheri Makihele CONTACT PHONE: 393-4626

Property Owner: Wally & Betty Gynn License # 708163

Address: 4505 Armadale Way

City/State/Zip: Sacto, CA 95823

Phone: 399-0878

Contractor: South Sea Roofing License # 708163

Address: 2581 68th Avenue

City/State/Zip: Sacramento, CA 95822

Phone: 393-4626 FAX: 920-1556

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

Description of Work: Install 30 year dimensional composition shingles over existing roof

<p><input checked="" type="checkbox"/> REROOF (excluding tile)</p> <p><input type="checkbox"/> TEAR-OFF</p> <p><input type="checkbox"/> RESHEET</p> <p><input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE</p> <p>22 #SQUARES</p> <p># Stories <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+</p> <p>Material: <u>Certain-Ted Landmark 30 year dim. comp shingles</u></p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> T-111</p> <p><input type="checkbox"/> Horiz</p> <p><input type="checkbox"/> Vinyl</p> <p><input type="checkbox"/> Stucco</p> <p>*Design Review approval may be required.</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> HVAC INSTALLATIONS</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT</p> <p><input type="checkbox"/> Heat Pump</p> <p><input type="checkbox"/> Package</p> <p><input type="checkbox"/> Split system</p> <p><input type="checkbox"/> Roof mount</p> <p><input type="checkbox"/> Cut-in</p> <p><input type="checkbox"/> Heat pump or elect. unit to gas</p> <p><input type="checkbox"/> Wall furnace</p> <p><input type="checkbox"/> Fireplace Inert</p> <p><input type="checkbox"/> Other (describe below)</p> <p>Value of duct work: \$ _____</p> <p>Equipment: \$ _____</p> <p>Cut-in: _____</p> <p>*Design Review approval may be required.</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> WATER HEATER</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out</p> <p><input type="checkbox"/> Electric to Gas</p> <p><input type="checkbox"/> Relocate</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR</p> <p><input type="checkbox"/> Flooring/Joists</p> <p><input type="checkbox"/> Roof Structure</p> <p><input type="checkbox"/> Mud/sill/Slabs</p> <p><input type="checkbox"/> Exterior</p> <p>*Design Review approval may be required.</p> <p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY)</p> <p><input type="checkbox"/> SMUD <input type="checkbox"/> PG&E</p> <p>*NOTE: Correction Notice items will require an additional building permit.</p>	<p>(Residential ONLY)</p> <p>MINOR ELECTRIC and/or MINOR PLUMBING</p> <p><input type="checkbox"/> Electric Service Change # ampe</p> <p><input type="checkbox"/> New electric circuits</p> <p><input type="checkbox"/> Re-wire</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Water Service</p> <p><input type="checkbox"/> Sewer Service</p> <p><input type="checkbox"/> Gas Line</p> <p><input type="checkbox"/> Re-plumb</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Waste</p>
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