

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2005 09:36  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 09/21 09:34  
FAX NO./NAME 93878032  
DURATION 00:02:13  
PAGE(S) 03  
RESULT OK  
MODE STANDARD

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

\*COPY\* 09/21/2005

RECEIPT NUMBER: R0518047

TRANSACTION DATE: 09/21/2005  
TRANSACTION AMOUNT: 186.87  
NOTATION:

APD #: **0514660**  
SITE ADDRESS: 6370 SURFSIDE WY SAC  
PARCEL: 030-0253-005

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

Mixed Income Housing  
Fee Program  
??

**ISSUED** *Lo*  
**CITY OF SACRAMENTO**  
SEP 21 2005  
**DOWNTOWN PERMIT  
CENTER**

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	186.87

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		

**PAID**  
**CITY OF SACRAMENTO**  
SEP 21 2005  
**NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICE**



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

\*\*\*\*\* Office Use Only \*\* CITY OF SACRAMENTO ISSUED

Permit No: 0514660 Date Issued: 9/21/05 Total Amount: 186.00 Insd Area 2 Site Address: 6370-SURFSIDE WAY Nature of Work: CHANGE OUT EXISTING HVAC PACKAGE UNIT

SEP 21 2005 DOWNTOWN PERMIT CENTER

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.)

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.

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 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.)

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.

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. X 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 1625930 Expiration Date 2-10-06

(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.

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

0514660

**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:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 6370-SUBSIDE WAY	Contract Price \$ 4,800.00	Unit #
Parcel Number:	CONTACT PERSON: ANDREW OEN	CONTACT PHONE: 682-8574
Property Owner: ANDREW OEN	Contractor: MATT HARTNEY License # 225542	Address: 5451-WASHBURN WAY #109
Address: 6370-SUBSIDE WAY	City/State/Zip: SACRO, CA. 95831	Phone: 682-8574
City/State/Zip: SACRO, CA. 95831	Phone: 356-4297	FAX: 387-8032

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

Description of Work: CHANGE OUT EXISTING HVAC PACKAGE UNIT SITTING ON PAD.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories 1 2 3+ Material:	<input type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW CHANGE-OUT Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Curb in Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Curb in: \$	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Public Utilities Safety Inspection * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MINOR 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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\* Design Review approval may be required.

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

NFR Faxback Permit updated 12/09/03