

TRANSMISSION VERIFICATION REPORT

TIME : 08/26/2005 14:45
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/26 14:44
 FAX NO./NAME : 93530283
 DURATION : 00:01:16
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0515982
 TRANSACTION DATE: 08/26/2005
 TRANSACTION AMOUNT: 78.85
 NOTATION:

APD #: 0513067
 SITE ADDRESS: 6701 GLORIA DR SAC
 PARCEL: 030-0191-022

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 | | 78.85 |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200 | Permit-Building-Res | 1100 | 75.00 | .00 | 75.00 |
| 206 | City Business Oper Tax | 1730 | .26 | .00 | .26 |
| 213 | General Plan Surcharge | 1760 | .59 | .00 | .59 |
| 255 | Bldg-Technology Surcharg | 1750 | 3.00 | .00 | 3.00 |



PLANNING
BUILDING DEPARTMENT
 BUILDING DIVISION
 Fax # (916) 284-1901
 Inspection Request # (916) 284-7622
 Credit Card Info on File? Yes No

051.3067

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 AUG 20 2005

In order to process this request, ALL of the following information **MUST** be provided:

RESIDENTIAL APARTMENTS (#+ units per building) COMMERCIAL (limited)

Job Address: 6701 GEORGIA DR. RESIDENTIAL APARTMENTS (#+ units per building) COMMERCIAL (limited)

Parcel Number: [] Unit # []

CONTACT PERSON: D THORSON
 Property Owner: DAVID TODD
 Address: []
 City/State/Zip: SACR TO 95831
 Phone: 392-2705

Contract Price \$ 1020.00
 CONTACT PHONE: 853-0203
 Contractor: DOMCO PLUMBING License # 828505
 Address: PO BOX 1348 95763
 City/State/Zip: SACR TO 95763
 Phone: 353-0203
 FAX: 353-0283

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

Description of Work:

with cap

| | | | |
|---|--|---|--|
| <input type="checkbox"/> HEROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES 1 2 3+ | (Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-to <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 \$ Cost-yr. \$ * Design Review approval may be required. | (Residential ONLY) <input checked="" type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Refrigera <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooding/Inlets <input type="checkbox"/> Roof Structures <input type="checkbox"/> Mudset/Sluds <input type="checkbox"/> Exter/for * 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. | (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 I/R Feedback Permit updated 12/29/01 |
|---|--|---|--|

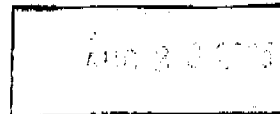
City of Sacramento

Building Permit



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

Permit No: 0513067
Date Issued:
Total Amount:
Insp Area #: 2



KM

Inspection Request # (916) 264-7622

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

Site Address: 6701 GLORIA DR SACTO 95831
Nature of Work: W/H C/O

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 636 License Number 828505 Date 12/31/05 Signature [Signature]

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 employee 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 above-described property for inspection purposes.

Date: Applicant/Agent 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 deposit 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: CPS INS.
Policy Number: M KR-0030-833 Expiration Date: 4/1/06

(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.

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 FEES.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.