

TRANSMISSION VERIFICATION REPORT

TIME : 08/29/2006 15:03
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME	08/29 15:03
FAX NO./NAME	99223995
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

*Kleen
Ave*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0616036
 TRANSACTION DATE: 08/29/2006
 TRANSACTION AMOUNT: 183.98
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 AUG 28 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: 0613265
 SITE ADDRESS: 1958 DELGADO WY SAC
 PARCEL: 225-0621-014

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	183.98

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	.80	.00	.80
213	General Plan Surcharge	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento

Building Permit



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

Permit No: 0613265
Date Issued:
Total Amount:
Insp Area #:

ISSUED
CITY OF SACRAMENTO
AUG 28 2006

Nature of Work:

Change out Condenser and TXV

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).

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 C-20 License Number 481974 Date 8-28-06 Signature Earl Cox

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 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 8-28-06 Applicant/Agent Signature Earl Cox

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

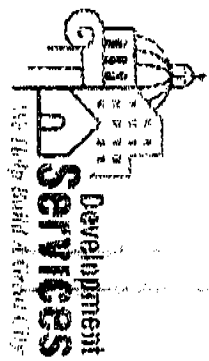
- I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.
X I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor 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 11664792-2005 Expiration Date 10/01/06

(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.

CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



New City Hall - 6-808-1901

North Permit - Fax # 916-808-8370

CITY OF SACRAMENTO
 WWW.CITYOFSACRAMENTO.ORG
 Help Line: 1-916-908-5656 DR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

City Hall
 5th Floor
 900 J Street
 Sacramento, CA 95834
 Permit Center
 2700 Bldg. Suite 200
 Sacramento, CA 95834

06/13265

06/13265

Permit # _____ FAXMINOR PERMIT APPLICATION Date: 08-2006

Faxed/telex requests must be received here by 3:00 P.M. to be processed the following workday. Contractors must have valid certificate of Worker's Compensation. Note: Work started before a Building Permit is issued will be subject to fine.

Permits require Review are not eligible for the MINOR PERMIT PROGRAM. Design Keyplan and Historic Preservation may be required if job address is located in those areas (additional forms may apply).

IN ORDER TO PROC REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 1958 DELGADO W Bid Type: RESID APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: EARL COX Phone #: 916-922-3995 Email: Kleen-air@yoo.com Contract Price: 82,000
 Property Owner: SARAH ALLEN Unit # _____
 Address: 1958 DELGADO W City/State/Zip: SACRAMENTO, CA 95833 Contractor: KLEEN AIR License # _____
 City/State/Zip: SACRAMENTO, CA 95833 Address: 1657 SILVER AVENUE
 Phone: 916-922-2971 City/State/Zip: SACRAMENTO, CA 95833 Phone: 916-922-3995 Fax: _____
 Nature of Work: Provide description of work & indicate type selections below: Pre-Registered? YES NO Registration E0500063

Description of Work: Change out denser and TXV

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> F-111 <input type="checkbox"/> Elert <input type="checkbox"/> Vinyl <input type="checkbox"/> Shown	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Cond. removal <input type="checkbox"/> Cabinet <input type="checkbox"/> Heat pump or other unit <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other describe below: Value of job work: \$ _____ Equipment \$ _____ Other: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Kilocalc <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Windows/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Safety Inspectio (Retail and single apart units Only) <input type="checkbox"/> SMUE <input type="checkbox"/> PG&E * FE * Corrective items will require additional building permit.
Office Use Only: _____	Permit #: _____	Permit #: _____	Permit #: _____	Permit #: _____