

TRANSMISSION VERIFICATION REPORT

TIME : 08/26/2005 16:00
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/26 15:59
 FAX NO./NAME : 97910444
 DURATION : 00:01:06
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0515996
 TRANSACTION DATE: 08/26/2005
 TRANSACTION AMOUNT: 189.73
 NOTATION:

APD #: 0513035
 SITE ADDRESS: 4525 D ST SAC
 PARCEL: 004-0136-019

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

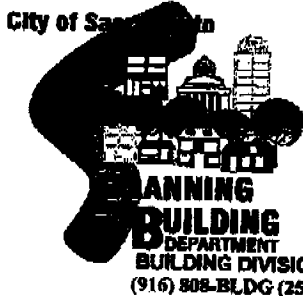
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		189.73

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	3.01	.00	3.01
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit PAID CITY OF SACRAMENTO

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

Permit No: 0513035
Date Issued: 8/25/05
Total Amount: 189.73
Insp Area #: 2

AUG 26 2005
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

Inspection Request # (916) 264-7622

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

Site Address: 4825 D Street
Nature of Work: Re-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.)

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 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 or 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, alter, improve, demolish, or repair any structure thereon. 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: AUG 26 2005

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 8/24/05 Applicant/Agent Signature: [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 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: [Signature]
Policy Number: 005-0002555 Expiration Date: 1/1/06

(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 8/24/05 Applicant Signature: [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 FEE.

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



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOFSACRAMENTO.ORG
 Help Line: 1-916-264-5666 OR 1-866-EZ-PERMIT
 Inspection: 1-916-908-4677



Downtown Permit Center 1-916-264-8807
 1231 I Street, Suite 200, Sacramento, CA 95814
 North Permit Center 1-916-806-2354
 2101 Arena Blvd, Suite 200, Sacramento, CA 95834
 Fax # 916-264-1901

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to 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 fee.

OS/3035
 AREA

Permits requiring plan review are not eligible for FAXBACK
 In order to process this request, ALL the following information MUST be provided:

Credit Card Information on File? Yes No
 Job Address: 4509 D St
 Contact Person: Nicole Valenzuela
 Property Owner: Mary Odibert
 Address: 4509 D Street
 City/State/Zip: Sac. Ca.
 Phone: 743-3113
 Unit #: _____
 Contact Phone: 916-0408
 Contractor: Tim Jones Roofing #22558
 Address: 5500 Cauff Stallman Rd.
 City/State/Zip: Granite Bay Ca. 95746
 Phone: 916-0408

Description of Work: Remove 31
 Nature of Work: (Provide detailed description of work & indicate type of work in sections below)
COOKS AND ROOFING TO 30yr Comp.

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House Garage # Stories: <u>1</u> # Squares: <u>19</u> Material: <u>Comp.</u> <input type="checkbox"/> Shingles <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Slate	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitic Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ amps <input type="checkbox"/> New electric circuitry <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 Utilities Safety Inspection (Residential and single apartment units Only) PAID CITY OF SACRAMENTO AUG 2 6 2005 NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES NOTE: Correction Notice items will require an additional building permit.

PBF-10002