

TRANSMISSION VERIFICATION REPORT

TIME : 01/20/2006 08:15
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	01/20 08:15
FAX NO./NAME	917074475685
DURATION	00:01:22
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

for Cal-Vacaville

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

ISSUED
 CITY OF SACRAMENTO
 JAN 20 2006
 DOWNTOWN PERMIT
 CENTER

RECEIPT NUMBER: R0601109
 TRANSACTION DATE: 01/20/2006
 TRANSACTION AMOUNT: 198.30
 NOTATION:

APD #: **0600773**
 SITE ADDRESS: 1956 5TH AV SAC
 PARCEL: 012-0232-007
 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	198.30

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	6.00	.00	6.00
207	Strong Motion (SMI)	1600	1.45	.00	1.45
213	General Plan Surcharge	1760	8.85	.00	8.85
259	Bldg-Technology Surcharge	1750	7.00	.00	7.00

City of Sacramento



Inspection Request # (916) 264-7622

Building Permit

ISSUED

CITY OF SACRAMENTO

JAN 20 2006

Office Use Only

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

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 2510 15th Ave Sacramento CA 95818
Nature of Work: Tear out existing wood shingles, deck, and install lifetime deck shingles

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 5 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. 7021.5, Business and Professions Code): my 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 with the city or county...

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.

BY ISSUING THIS BUILDING PERMIT, the applicant represents and thereby 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.

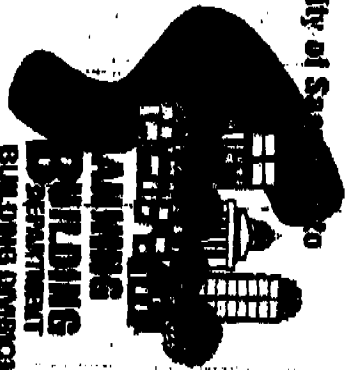
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations: I have and will maintain certificates of coverage to self-insure for workers' compensation as provided for by Section 3700 of this Labor Code, for the performance of work for which this permit is issued.

WARNING: FAILURE TO SECURE WORKERS COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES TO ONE HUNDRED THOUSAND DOLLARS (100,000) IN ADDITION TO THE COST OF COMPENSATION FOR EACH EMPLOYEE FOR IN SECTION 3700 OF THE LABOR CODE, INTENT AND WILLFUL VIOLATION.

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

PEF10004



City of Sacramento
 Building Department
 Building Division
 Building Division
 Building Division

Fax # (916) 264-1901

Inspection Request # (916) 264-7022

Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS 4+ units per building

COMMERCIAL (Industrial)

Job Address: 1956 5TH AVE SACRAMENTO CA 95818 URM #

Parcel Number: 025818

CONTACT PERSON: UNDESKED CONTRACTOR PHONE: 707 441-3660

Property Owner: CAROL SCHNEPP CONTRACTOR: NORTHERN CAL. RADIOL

Address: 1956 5TH AVE ADDRESS: 810 TOLING AVE

City/State/Zip: SACRAMENTO CA 95818 City/State/Zip: SACRAMENTO CA

Phone: 916 817-9494 Phone: 707 441-3660

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

DESCRIPTION OF WORK: REMOVE OFF AND INSTALL Lifetime grand oggiva singles w leatherback

<p><input checked="" type="checkbox"/> REROOF (including tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> PRESHEET <input type="checkbox"/> GARAGE # Stories: 1 # SQUARES: 2 Material: <u>lifetime comp</u></p>	<p>(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"/> Cat-in <input type="checkbox"/> Heat pump or duct unit to gen. <input type="checkbox"/> Wall surface <input type="checkbox"/> Plywood board <input type="checkbox"/> Other (describe below) Value of duct work: Equipment \$ Ducting \$</p>	<p>(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Radiant <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Roofing/Slate <input type="checkbox"/> Roof Shingles <input type="checkbox"/> Exterior <input type="checkbox"/> Masonry/Stucco <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units ONLY) <input type="checkbox"/> SHAD <input type="checkbox"/> PG&E</p>	<p>(Residential ONLY) MINOR ELECTRICAL and/or MINOR PLYWOODS <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</p>
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FAXBACK PERMIT APPLICATION
 (Certain restrictions apply)

used 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:

0600773
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