

TRANSMISSION VERIFICATION REPORT

TIME : 09/14/2005 11:55
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085556
SER.# : BROH4J832840

DATE, TIME	09/14 11:52
FAX NO./NAME	94513680
DURATION	00:02:50
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0517193
TRANSACTION DATE: 09/14/2005
TRANSACTION AMOUNT: 189.38
NOTATION:

ISSUED *Teeter*
SEP 14 2005
Sacramento Building Division

APD #: **0514002**
SITE ADDRESS: 7512 50TH AV SAC
PARCEL: 040-0075-004
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	189.38

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		



Building Permit

ISSUE

Se

Office Use Only

Permit No: 0514002
Date issued: 9/14/05
Total Amount: 189.38 Sacramento Building Division

Please Fill in the Following

Site Address: 7512 50 Ave
Nature of Work: Put Blon gas pack on the 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...

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 7 commencing with Section 26000 of Division 2 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 was exempt from the contractor license law for the construction of this structure...

IN ISSUING THIS BUILDING PERMIT I the applicant represents, and the city relies on the representation of the applicant, that the applicant owns all real interests and localities shown on the application or a corresponding drawing...

WORKERS COMPENSATION DECLARATION: I have and will maintain a certificate of coverage to self insure the work and compensation as provided for by Section 3700 of the Labor Code...

THIS PERMIT SHALL BE VALID FOR THE PERIOD OF 180 DAYS FROM THE DATE OF ISSUANCE...