

CITY OF SACRAMENTO CASHIER'S WORKSHEET

ISSUED

APR 29 2005

Sacramento Building Division

RECEIPT NUMBER: R0507354
TRANSACTION DATE: 04/29/2005
TRANSACTION AMOUNT: 79.87
NOTATION:

APD #: **0505950**
SITE ADDRESS: 745 RIVERCREST DR SAC
PARCEL: 030-0235-011

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

Mixed Income Housing
Fee Program
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TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Check		79.87

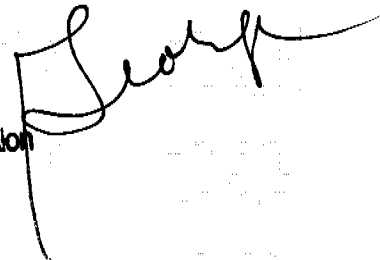
RECEIPT ACCOUNT ITEM LIST

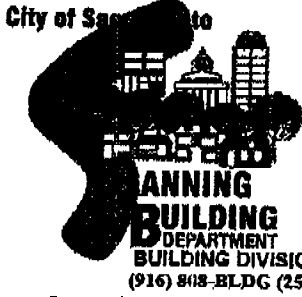
Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.69	.00	.69
213	General Plan Surcharge	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

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Building Permit ISSUED

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

Permit No: 0505950
Date Issued: 4/29/05
Total Amount: 1679.87
Insp Area #: 2

APR 29 2005 Sacramento Building Division

Inspection Request # (916) 264-7622

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

Site Address: 745 Rivercrest Dr.
Nature of Work: Change out w/h

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 an 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, 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 abovementioned property for inspection purposes.

Date 4/28/05 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 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 State Fund
Policy Number 713-00 Expiration Date 20/2/05

(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 4/28/05 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 FEE.

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



City of Sacramento

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

0505950

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

In order to process this request, ALL of the following information

MUST be provided:

Job Address: 745 KAWAUCAST BL RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) Unit #

Parcel Number: 745 KAWAUCAST BL Contract Price \$ 1725.00

CONTRACT PERSON: VERA ROUS CONTACT PHONE: 45571518

Property Owner: KOSBANI OLIVIA Contractor: ACE PLUMBING License # 313506

Address: 745 KAWAUCAST BL City/State/Zip: SACRAMENTO City/State/Zip: SACRAMENTO Phone: 424 6320 Phone: 45571518 FAX: 455 6380

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

Change out Water heater

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material:	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <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-in <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 \$ Cart-in: \$	<input checked="" 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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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"/> 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
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* Design Review approval may be required.

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(VR Faxback Permit updated 12/09/01)

MODE = MEMORY TRANSMISSION

START=APR-29 10:39

END=APR-29 10:41

FILE NO.=366

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
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-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

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