

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2005 09:41
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 09/21 09:40
 FAX NO./NAME : 96878468
 DURATION : 00:01:21
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0518043
 TRANSACTION DATE: 09/21/2005
 TRANSACTION AMOUNT: 78.78
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 SEP 21 2005
 DOWNTOWN PERMIT
 CENTER**

APD #: **0514658**
 SITE ADDRESS: 5924 SAWYER CR SAC
 PARCEL: 117-0840-045

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

Mixed Income Housing
 Fee Program
 ??

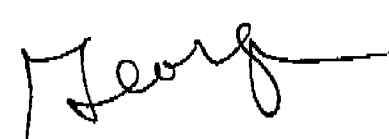
TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.78

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt

PAID
CITY OF SACRAMENTO
 SEP 21 2005
**NEIGHBORHOODS PLANNING
 AND DEVELOPMENT SERVICES**





Inspection Request (916) 254-7622

Building Permit

ISSUED

Leah

Office Use Only

CITY OF SACRAMENTO

Permit No: 0514658
Date Issued:
Total Amount: 78,780
Insp Area #: 2

SEP 21 2005
DOWNTOWN PERMIT CENTER

Please Fill in the Following

Site Address: 5924 SAWYER CIR SACR CA 95823
Nature of Work: WATER HEATER C/O

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... License Class C-26 License Number 846378

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...)

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 the owner of property who builds or improves thereon, and who does such work himself or through his/her own employees, provided that such improvements are not intended or offered for sale...)

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 because 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 improvements to be constructed do not violate any private agreements relating to parcels and do not encroach on 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 to have my authorized representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 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 coverage of self-insurance for workers' compensation...
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 8086392004 Expiration Date 11-05

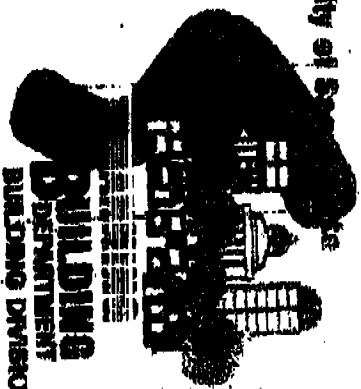
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date Applicant Signature

WARNING: FAILURE TO SUBMIT WORKERS COMPENSATION COVERAGE UNLAWFUL AND SUBJECT TO SEVERE PENALTIES AND CIVIL FINES UP TO ONE THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AND COSTS OF LITIGATION OF THE LABOR CODE, COURT AND ATTORNEY'S FEE.

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

City of Sacramento



BUILDING DEPARTMENT

BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-1902

Credit Card info on file? Yes No

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Request received in this office before 2:00 p.m. will be processed the following work day. Contractor must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to grand fees.

Permits requiring plan review are not eligible for FAXBACK.

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (Industrial)

USE #

JOB ADDRESS: 5724 SAWYER HEIGHTS CA 95828

CONTACT PERSON: WILLY NEALIE WILLY

PROPERTY OWNER: SAME

ADDRESS: 5724 SAWYER HEIGHTS CA 95828

PHONE: 916 987-2100

CONTACT PHONE: 916 987-2100

CONTRACTOR: WILLY NEALIE WILLY

ADDRESS: 1501 LEE SCHOOL RD CA 95603

PHONE: 916 987-2100

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

WPA CHANGE OUT

<input type="checkbox"/> REMOVE (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> REBUILT <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> SOLAR <input type="checkbox"/> WOOD <input type="checkbox"/> T-111 <input type="checkbox"/> HERTZ <input type="checkbox"/> VINT <input type="checkbox"/> SHUCCO	<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"/> Indoor air <input type="checkbox"/> Outdoor <input type="checkbox"/> Heat pump or other unit to gas <input type="checkbox"/> Wash furnace <input type="checkbox"/> Insulation (attic) <input type="checkbox"/> Other (describe below)	<input checked="" 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"/> REPAIR <input type="checkbox"/> MISC./SUBS <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> POOL <input type="checkbox"/> OTHER: Describe below (Issues will require an inspection and trade agreement with OAHV)	<input type="checkbox"/> MINOR ELECTRICAL AND/OR PLUMBING <input type="checkbox"/> Electric Service Change # ranges <input type="checkbox"/> New electric <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water fixture <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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