

TRANSMISSION VERIFICATION REPORT

TIME : 07/05/2005 14:35
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 07/05 14:34
 FAX NO./NAME 97263600
 DURATION 00:00:35
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0511949

TRANSACTION DATE: 07/05/2005
 TRANSACTION AMOUNT: 197.19
 NOTATION:

APD #: **0509212**
 SITE ADDRESS: 948 STERN CR SAC
 PARCEL: 024-0101-028

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		197.19

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	5.54	.00	5.54
207	Strong Motion (SMI)	1600	1.39	.00	1.39
213	General Plan Surcharge	1760	8.26	.00	8.26
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

*Should have been
Fax Back*

Permit No: 0509212
Insp Area: 2
Thos Bros: 316J4

Site Address: 948 STERN CR SAC
Parcel No: 024-0101-028

ISSUED
JUL 05 2005
Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
ROOFMASTER
PO BOX 764
ROSEVILLE CA 95678

OWNER
MILLER KEITH W/NANCY W
3060 SURRY ST Sacramento Building Division
LOS ANGELES, CA 90027

ARCHITECT

Nature of Work: PAPERLESS- REROOF- T/O, resheet, & apply 30 year dim comp. 39 sqs. duplex. IN PROGRESS INSP. REQUIRED.

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).

Lender's Name _____ Lender's Address _____

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.

License Class _____ License Number 755603 Date _____ Contractor Signature _____

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 8 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 a 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 Professional 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 improvements to be constructed do 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.

PAID
CITY OF SACRAMENTO
JUN 05 2005
PLANNING AND DEVELOPMENT SERVICES

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 regulations relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned 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 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 _____ Policy Number _____ Exp Date _____

(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 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.

024-0101-028

(certain restrictions apply)

0509212



PLANNING
BUILDING
DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION

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:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 448 STERN CIR Unit # _____
 Parcel Number: _____ Contract Price \$125,000.00
 CONTACT PERSON: _____ CONTACT PHONE: _____
 Property Owner: Nancy Miller License # 1551003
 Address: 448 Stern Cir
 City/State/Zip: Sacramento, CA 95822
 Phone: 323-664-4172 FAX: 916-360-3000

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

Description of Work: Re roof comp 30 yr

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: 30 yr Comp	<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"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<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"/> 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"/> Mudsill/Studs * Design Review approval may be required.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <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 IFR Faxback Permit updated 12/09/01
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* NOTE: Correction Notice items will require an additional building permit.

* PUBLIC UTILITIES SAFETY INSPECTION *
 (Residential and single apartment units ONLY)
 SMUD PG&E