

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 04/29/2005

RECEIPT NUMBER: R0507398

TRANSACTION DATE: 04/29/2005  
TRANSACTION AMOUNT: 268.93  
NOTATION:

## ISSUED

APR 29 2005

Sacramento Building Division

APD #: 0505946

SITE ADDRESS: 2210 D ST SAC  
PARCEL: 003-0133-005

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	268.93

### RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	252.00	.00	252.00
206	City Business Oper Tax	1730	2.72	.00	2.72
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	10.08	.00	10.08

## ISSUED

APR 29 2005

Sacramento Building Division

2

City of Sacramento



Inspection Request # (916) 264-7622

Building Permit ISSUED

Office Use Only

APR 29 2005

Permit No: 0505946
Date Issued: 4/29/05
Total Amount: \$268.93
Insp Area #: 1

Sacramento Building Division

Please Fill in the Following

Site Address: 2210 D ST. 95816
Nature of Work: Replacement of Water & Sewer Service, Replace Existing House pipes w/ new, CHANGE OUT WATER HEATER

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 reasons (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);

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 above mentioned 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 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.

Carrier: STATE FUND
Policy Number: 0010267-2005
Expiration Date: 01/01/06

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.



**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)

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: 2210 D ST. SAC. 95816  
 Contract Price \$ 6800  
 CONTACT PERSON: DAVID TAN  
 CONTRACTOR PHONE: 916-696-6391  
 License # 768320  
 Property Owner: JORDAN SMITH  
 Address: 430 LEA WAY  
 City/State/Zip: SAC CA 95815  
 Phone: 916-444-1909  
 City/State/Zip: SAC CA 95815  
 Phone: 916-696-6391  
 FAX: 916-929-6193

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

Description of Work: Sewer line, Replace galvanized Pipes in house w/ new plastic, Replace Water Main Change out H2O Heater

<input type="checkbox"/> REROOF (excluding lbs) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ <input type="checkbox"/> SIDING <input type="checkbox"/> WOOD <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <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"/> Web furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-ins: \$	(Residential ONLY) <input checked="" type="checkbox"/> WATER HEATER <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Changes-out <input type="checkbox"/> Electric by 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"/> Mudsill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Water Service <input checked="" type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input checked="" type="checkbox"/> Re-plumb <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Waste
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\* NOTE: Connection Notice (items will require an additional building permit).

\* Design Review approval may be required.

TRANSMISSION VERIFICATION REPORT

TIME : 04/29/2005 13:36  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 04/29 13:33  
 FAX NO./NAME 99296193  
 DURATION 00:02:14  
 PAGE(S) 05  
 RESULT OK  
 MODE STANDARD

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