

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 05/04/2005

RECEIPT NUMBER: R0507676

TRANSACTION DATE: 05/04/2005
TRANSACTION AMOUNT: 189.63
NOTATION:

APD #: **0506233**
SITE ADDRESS: 344 BAY RIVER WY SAC
PARCEL: 031-0380-015

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

ISSUED

MAY 04 2005

Sacramento Building Division

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	189.63

RECEIPT ACCOUNT ITEM LIST

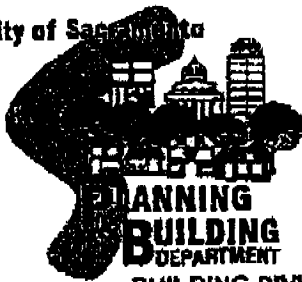
Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	179.00	.00	179.00
206	City Business Oper Tax	1730	1.20	.00	1.20
207	Strong Motion (SMI)	1600	.50	.00	.50
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	7.16	.00	7.16

ISSUED

MAY 04 2005

Sacramento Building Division

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

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

ISSUED MAY 04 2005

Permit No: 0506233

Date Issued: 5/4/05

Total Amount: 189.63

INSPECTOR'S AREA 2 Sacramento Building Division ***** Please Fill in the Following *****

Site Address: _____

Nature of Work: _____

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 Roseville Termite & Pest Control Lender's Address P.O. Box 1168, Roseville, CA 95678

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 Operator License Number PR 0182 Date 5/3/05 Signature John Maphet

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 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 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 this 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 5/3/05 Applicant/Agent Signature John Maphet

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

X 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.

X 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, Mark & Dean Policy Number 428497-04 Expiration Date 01-01-06

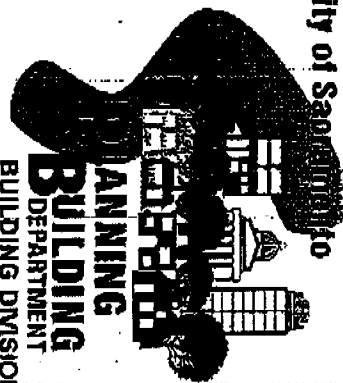
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date 5/3/05 Applicant Signature John Maphet

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 3096 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



0560233

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:

Inspection Request # (916) 264-7822
 Credit Card Info on File? Yes No
 Residential APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 344 Bay River Way Sacramento CA 95831 Unit # _____
 Parcel Number: 031-0380-015 Contract Price \$ 3,000.00
 CONTACT PERSON: Ken Cook / John Magel CONTACT PHONE: 916-247-8688 / 916-786-2464
 Property Owner: William Webers Contractor: Roseville Termite Treatement License # R 0182
 Address: P.O. Box 804 Sacramento CA 95812 City/State/Zip: Roseville, CA, 95678
 City/State/Zip: Sacramento CA 95812 City/State/Zip: Roseville, CA, 95678
 Phone: 916-786-2464 (Agent) Lina LaPlaca, 405-5770 Phone: 916-786-8404 John Magel FAX: 916-781-2626

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)
 Description of Work: Remove Rynofed wood at siding, Triax window sills, Roofs, Post, etc.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ <input type="checkbox"/> GARAGE # SQUARES _____ # Stories _____ Material: _____	(Residential ONLY) <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"/> Spill 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: \$ _____ Cut-in: \$ _____	(Residential ONLY) <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 checked="" type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Floor joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/sill/Studs <input checked="" type="checkbox"/> Exterior	(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 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
<input checked="" type="checkbox"/> SIDING <input type="checkbox"/> Wood <input checked="" type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	* Design Review approval may be required.	* Design Review approval may be required.	* NOTE: Correction Notice items will require an additional building permit. MR Faxback Permit updated 12/20/01

TRANSMISSION VERIFICATION REPORT

TIME : 05/04/2005 10:06
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME	05/04 10:04
FAX NO./NAME	97812636
DURATION	00:01:34
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

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