

TRANSMISSION VERIFICATION REPORT

TIME : 06/22/2005 11:30  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER. # : BROH4J832840

DATE, TIME : 06/22 11:30  
 FAX NO./NAME : 97144396  
 DURATION : 00:00:35  
 PAGE(S) : 02  
 RESULT : OK  
 MODE : STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0511113

TRANSACTION DATE: 06/22/2005  
 TRANSACTION AMOUNT: 193.99  
 NOTATION:

APD #: 0508948

SITE ADDRESS: 5665 GILGUNN WY SAC  
 PARCEL: 025-0023-031

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		193.99

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	4.40	.00	4.40
207	Strong Motion (SMI)	1600	1.10	.00	1.10
213	General Plan Surcharge	1760	6.49	.00	6.49
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Inspection Request # (916) 264-7622

Building Permit

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

Permit No: 0508948  
Date Issued:  
Total Amount: \$193.99  
Insp Area #: 2

*KM*  
**ISSUED**  
JUN 22 2005

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

Site Address: 5665 Gilgann Way, Sac 95822  
Nature of Work: shake conversion to comp shingles

\*\*\*\*\*  
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, Cit. 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 C39 License Number 817945 Date June 21, 2005 Signature Michelle Grant

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: CITY OF SACRAMENTO

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_ JUN 22 2005

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 June 21, 2005 Applicant/Agent Signature Michelle Grant

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 Compensation Insurance Fund Expiration Date 06-01-05  
Policy Number 229 0026218

(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 June 21, 2005 Applicant Signature Michelle Grant

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)

18 025 0023 031

*WLR*

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: 5665 Gilliam Way, Sac. 95822       RESIDENTIAL       APARTMENTS (4+ units per building)       COMMERCIAL (limited)      Unit # \_\_\_\_\_

Credit Card Info on File?    Yes     No

Parcel Number: \_\_\_\_\_      Contract Price \$ 11,000.00      Unit # \_\_\_\_\_

CONTACT PERSON: Anthony Bernardino      CONTACT PHONE: (916) 601-5409      License #817945

Property Owner: Beverly & Daniel Missaki - c/o M&M Property Mgmt      Contractor: Anthony Bernardino      Address: P.O. Box 233

Address: 1401 El Camino Ave Ste 200      City/State/Zip: Elk Grove, Ca 95759-0233      Phone: (916) 714-4392      FAX: (916) 714-4396

City/State/Zip: Sacramento, Ca 95818      Phone: 916-424-3174      PAID

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

Description of Work: wood shake conversion to composition shingles

JUN 22 2005

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # SQUARES # Stories: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Material: 1/2" osb board, 30# felt 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"/> Calikin <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: \$ _____	<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"/> Relocated <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Floodings/leaks <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E	NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES (Residential ONLY) <input type="checkbox"/> 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

\* Design Review approval may be required.

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\* NOTE: Correction Notice items will require an additional building permit.

MIN. Product Permit (see 120501)