

TRANSMISSION VERIFICATION REPORT

TIME : 08/07/2006 15:47
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/07 15:45
 FAX NO./NAME : 93483184
 DURATION : 00:01:55
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

Buckley
CITY OF SACRAMENTO
CASHIER'S WORKSHEET
ISSUED
CITY OF SACRAMENTO
AUG 07 2006
DOWNTOWN PERMIT
CENTER

RECEIPT NUMBER: R0614492
 TRANSACTION DATE: 08/07/2006
 TRANSACTION AMOUNT: 188.66
 NOTATION:

APD #: 0612001
 SITE ADDRESS: 6411 WESTHOLME WY SAC
 PARCEL: 117-0031-004
 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	188.66

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	2.53	.00	2.53
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit ISSUED CITY OF SACRAMENTO

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

Permit No: 0612001
Date Issued:
Total Amount:
Insp Area #:

AUG 07 2006
DOWNTOWN PERMIT CENTER

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

Site Address: 6411 Westholme Way, Sacramento 95823

Nature of Work: Change out existing card & coil with same

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 2 of the Business and Professions Code and you licensed in in full force and effect.

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 2 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 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 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: 8/1/06 Owner Signature: [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 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.

Date: 8/1/06 Applicant/Agent Signature: [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 3701 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: USA Security, Policy Number: 012521217501, Expiration Date: 8/27/06.

(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: 8-3-06 Applicant Signature: [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.

P5F10004



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901 808-7046

06/2001

DATE: 8-3-06

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL • APARTMENTS (+ value per building) • COMMERCIAL (limited) • CONTRACT PRICE \$ 328,00

JOB ADDRESS: 4411 Washburn Way, Sac 95823 UNIT # _____

CONTACT PERSON: BRAD BUCKLEY • CONTACT PHONE: 916-348-3181

Property Owner: Bill Thurston Contractor: RUCKEN JORRELL HEADPHONES # 538350

Address: 4411 Washburn Way, Sacramento, CA 95823 Address: 5900 DIVECHY AVE, City/State/Zip: Sacramento, CA 95821

Phone: (916) 488-1157 Phone: 916-348-3181 FAX: 916-348-3184

NATURE OF REQUEST:				
Indicate from the selections below & provide details under description of work.				
<ul style="list-style-type: none"> REROOF (including tile) TEAR-OFF RESHEET HOUSE GARAGE 	<ul style="list-style-type: none"> HVAC INSTALLATIONS (residential ONLY) CHANGE-OUT NEW Heat Pump Package Split system Roof mount Car-in Heat pump or elect. unit to gas. Wall furnace Other (describe below) 	<ul style="list-style-type: none"> WATER HEATER (residential ONLY) GAS ELECTRIC Change-out Electric to Gas Relocate New 	<ul style="list-style-type: none"> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) Electric Service Change # amps New electric circuits Re-wire Water Service Replacement Sewer Service Replacement Gas Line Replacement Re-plumb Water Waste 	<ul style="list-style-type: none"> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) SMUD PGE
<ul style="list-style-type: none"> SIDING wood T-111 Block viny stucco 	<ul style="list-style-type: none"> Value of duct work: Equipment: \$ Cost: \$ 	<ul style="list-style-type: none"> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) 		
<p>Note: Design Review approval may be required in certain areas.</p>				
<p>Note: Design Review approval may be required for roofing units.</p>				
<p>Note: Design Review approval may be required in certain areas.</p>				

DESCRIPTION OF WORK:
change out existing cond to coil with same

Application fee online \$10.00