

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 04/25/2005

ISSUED

RECEIPT NUMBER: R0506947

APR 25 2005

TRANSACTION DATE: 04/25/2005
TRANSACTION AMOUNT: 78.79
NOTATION:

Sacramento Building Division

APD #: **0505616**
SITE ADDRESS: 173 FAIRBANKS AV SAC
PARCEL: 250-0293-008

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		78.79

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.20	.00	.20
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

ISSUED

APR 25 2005

Sacramento Building Division

City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 888-BLDG (2334)

Inspection Request # (916) 264-7622

Building Permit

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

ISSUED

Permit No: 0505624
Date Issued: 4/25/05
Total Amount: \$7898
Insp Area #: 2

APR 25 2005

Sacramento Building Division

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

Site Address:

7375 19th St 95822

Nature of Work:

Water Heater C/O

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 contractor's 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 shall be cause for 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 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: 4/22/05 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 dimensions 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 inspect the above mentioned property for inspection purposes.

Date: 4/22/05 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 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 Farm, Policy Number: 100029201, Expiration Date: 12/31/05

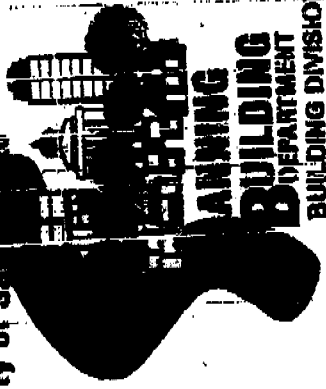
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with these provisions. Date: 4/22/05 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.

WAL

City of Sacramento



Fax # (916) 264-1901

Inspection Request # (916) 264-7022

Credit Card Info on file? Yes No

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Fastest 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 (limited) []

APARTMENTS (4+ units per building) []

RESIDENTIAL A []

TYPE

Form fields for Job Address, Parcel Number, CONTACT PERSON, Property Owner, Address, City/State/Zip, Phone, Contract Price, CONTACT PHONE, Contractor, License #, Address, City/State/Zip, Phone.

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

Main selection form with categories: REROOF, HOUSE, SIDING, HVAC INSTALLATIONS, WATER HEATER, GAS, ELECTRIC, DRY ROT OR TERMITES DAMAGE, REPAIR, PLUMBING, and Electric Service Change. Includes checkboxes for various services and equipment.

IVR Feedback Permit updated 12/09/01

MODE = MEMORY TRANSMISSION

START=APR-25 09:23

END=APR-25 09:28

FILE NO.=283

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	96878468	004/004	00:04:40

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

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