

TRANSMISSION VERIFICATION REPORT

TIME : 06/28/2005 10:14
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	06/28 10:13
FAX NO./NAME	96821030
DURATION	00:01:29
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0511502
 TRANSACTION DATE: 06/28/2005
 TRANSACTION AMOUNT: 189.38
 NOTATION:

APD #: **0509194**
 SITE ADDRESS: 3501 9TH AV SAC
 PARCEL: 013-0341-079
 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		189.38

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	2.60	.00	2.60
207	Strong Motion (SMI)	1600	.65	.00	.65
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

km

City of Sacramento

Building Permit



BUILDING DIVISION
(916) 808-BLDG (2534)

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

Permit No: 0509194
Date Issued: 6/27/05
Total Amount: 18930

ISSUED
JUN 28 2005 *km*

***** Please Fill in the Following *****
Sacramento Building Division

Site Address: 3501 9th Ave
Nature of Work: TRAIL OFF AND REPAIR
with 30 Yr. Simultaneous

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 _____ 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 C-39 License Number 675724 Date 6-21-05 Signature [Signature]

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 Professional 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 [Signature] 6/28/05

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 6-24-05 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 _____
Policy Number _____ Expiration Date _____

B.S. (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 6-24-05 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.



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PAID PERMIT APPLICATION (certain restrictions apply)
FAX # 916-264-1901

Permit request must be received in this office by 3:00 pm, 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 fines/fee.

DATE: 6-24-05

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (general)

JOB ADDRESS: 3501 OTHOME AVE UNIT # _____ CONTRACT PRICE \$ 61500

CONTACT PERSON: BENNY JONES CONTRACT PHONE: 916-256-2730

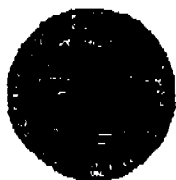
Property Owner: Maria Rosa Brown
Address: 3501 Othome Ave
City/State/Zip: Sacramento, CA 95828
Phone: _____
Contractor: Benny Jones License # 675724
Address: 8109 N. Johnson Ave
City/State/Zip: Sacramento, CA 95828
Phone: 916-682-1030 FAX: 916-682-1030

NATURE OF REQUEST: Indicates from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> RENOV (excluding Add) <input checked="" type="checkbox"/> REAR OFF <input checked="" type="checkbox"/> FRESHBET <input checked="" type="checkbox"/> INDUSR <input checked="" type="checkbox"/> CARPACT SQUARES: <u>20</u> Material: <u>20 year 5/8" SS</u>	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <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"/> Ceiling <input type="checkbox"/> Heat pump or direct unit in gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cost: \$ _____	<input type="checkbox"/> WATER HEATER (residential ONLY) <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 type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change if single _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Service Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Main <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PCB
<input type="checkbox"/> STORAGE <input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Sheet <input type="checkbox"/> Metal <input type="checkbox"/> Other	<input type="checkbox"/> DIY NOT OR TERMINATE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> NOTE: Correction Notice Items will require an additional building permit		

DESCRIPTION OF WORK:

6821030 06/24/05 02:18



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-264-6660 OR 1-800-EZ-PERMIT
Inspection: 1-916-908-4677



Downtown Permit Center 1-916-264-6607
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-908-2384
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: Benny Jones Phone: 256-0470
Project Address: _____ Phone: _____

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:

- | | | |
|--------------------------|-------------------------------------|--|
| Existing | Proposed | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition |
| <input type="checkbox"/> | <input type="checkbox"/> | Wood shake or shingle |
| <input type="checkbox"/> | <input type="checkbox"/> | Tile |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal that simulates one of the above listed materials |

b. The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

- | | | |
|--------------------------|--------------------------|----------|
| Existing | Proposed | |
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

*Attn: Benny Jones
Please Fax back to
Dan
Fax: 264-1901*

2. GUTTERS

- a. The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
 - New fascia gutters shall be provided.
 - Gutters shall be repaired and/or replaced to match existing.
- b. The existing gutters are Ogee gutters.
- There is no change proposed to existing gutters.
 - New Ogee gutters shall be provided.
 - Gutters shall be repaired and/or replaced to match existing.
- c. There are no existing gutters.
- No new gutters are proposed.
 - New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. There are no exposed rafter tails.
- b. Rafter tails shall be repaired and replaced to match existing.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Benny Jones Date: 6-28-05

FOR CITY STAFF USE ONLY

Counter Staff

- In a DR District. Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in a DR or P area