

TRANSMISSION VERIFICATION REPORT

TIME : 08/25/2005 15:28
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/25 15:25
 FAX NO./NAME : 96820867
 DURATION : 00:03:22
 PAGE(S) : 06
 RESULT : OK
 MODE : STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 08/25/2005

RECEIPT NUMBER: R0515875

TRANSACTION DATE: 08/25/2005
 TRANSACTION AMOUNT: 96.52
 NOTATION:

ISSUED

AUG 25 2005

Sacramento Building Division

APD #: 0512894

SITE ADDRESS: 250 RIVERTREE WY SAC
 PARCEL: 031-0300-098

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		96.52

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	85.50	.00	85.50
206	City Business Oper Tax	1730	2.78	.00	2.78
207	Strong Motion (SMI)	1600	.69	.00	.69
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	3.42	.00	3.42



PLANNING BUILDING DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

Area 2

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

Permit No: 0512894
Date Issued: 8/25/04
Total Amount: 189.60

ISSUED
AUG 25 2005

DP

Duplex

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

Site Address: 250 River Tree Way
Nature of Work: RE-ROOF WITH
PLYWOOD AND 3 1/2" COMP.

Sacramento Building Division

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 _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (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 8 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) if, however, at 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 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.

I have and will maintain a current and valid license/contract signature _____
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 Estate Fund Workers Comp
Policy Number 1870120-05 Expiration Date 2/1/06

(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 8/22/05 Applicant Signature Jessie Reyes

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



Fax # (916) 264-1901

031-0300-098

FAXBACK PERM APPLICATION

(certain resis 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 filed will be subject to quad fees.

Permits requiring plan review not eligible for FAXBACK

In order to process this request of the following information **MUST** be provided:

RESIDENTIAL APARTMENTS (4+ units/building) COMMERCIAL (limited)

Job Address: 25 Scriber Tree Way SAC CA 95171
 Parcel Number: SS03
 CONTACT PERSON: SS03
 Property Owner: Carrollan
 Address: 25 Scriber Tree Way
 City/State/Zip: SAC CA 95131
 Phone: 310-7832
 Contract Price: 1000
 CONTACT PHONE: 916-6944
 Contractor: Carrollan
 Address: Carrollan
 City/State/Zip: CA 95171
 Phone: 916-6944
 License # 7702408
 FAX: 916-682-0867

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

Description of Work: 25 yr ROOF Damage Removal Shingles to OSB Plywood
with 2 yr

<input checked="" type="checkbox"/> REROOF (existing tile) <input type="checkbox"/> REROOF (existing tile) <input type="checkbox"/> ROOF (existing tile) <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE Stories: <u>2</u> Material: <u>30 yr comp</u> <input type="checkbox"/> SIDING <input type="checkbox"/> DD <input type="checkbox"/> 11 <input type="checkbox"/> TZ <input type="checkbox"/> YI <input type="checkbox"/> CCG	<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"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Curb <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Curb-in: \$ * Design Review approval may be required.	<input type="checkbox"/> (RESIDENTIAL ONLY) <input type="checkbox"/> W HEATER <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"/> DRY OR TERMITE DAMAGE <input type="checkbox"/> R:	<input type="checkbox"/> (RESIDENTIAL ONLY) <input type="checkbox"/> MINOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric service upgrade # 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
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* Design Review approval may be required.

NOTE: Corr/Notice items will require an additional building permit.

Y/R Faxback Permit updated 12/2004/01