

TRANSMISSION VERIFICATION REPORT

TIME : 10/18/2006 15:10
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	10/18 15:09
FAX NO./NAME	918153560663
DURATION	00:00:54
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

*Plumb
in
terms*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 OCT 18 2006
 DOWNTOWN PERMIT
 CENTER**

RECEIPT NUMBER: R0619302
 TRANSACTION DATE: 10/18/2006
 TRANSACTION AMOUNT: 78.79
 NOTATION:

APD #: **0616223**
 SITE ADDRESS: 324 35TH ST SAC
 PARCEL: 004-0162-004

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	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

DAIR



Building Permit

Office Use Only

Permit No: 0610223
Date Issued: 10-18-2006
Total Amount: \$ 78.79
Insp Area #:

ISSUED CITY OF SACRAMENTO OCT 18 2006

Inspection Request # (916) 264-7527

Please Mail to DOWNTOWN PERMIT CENTER

Site Address: 324 35th St.
Name of Work: Replace hot water heater, 50 gal gas

CONSTRUCTION LEADING AGENCY: I hereby affirm under penalty of perjury that there is a construction leading agency for the performance of the work for which this permit is issued (Sec. 2057, Civ. C.)
Leader's Name:
Leader's Address:

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 2000) of Division 3 of the Business and Professions Code and my license is in full force and effect
License Class: C License Number: 1017106 Signature: Yuh Gueon

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reasons (Sec. 7031.5, Business and Professions Code, City of Sacramento): I am the owner of the property, and I am the contractor for the following work: replace hot water heater, 50 gal gas. I am not a contractor for the purposes of the Contractors License Law (Chapter 9 (commencing with Section 2000) of Division 3 of the Business and Professions Code) for the alleged work. Any violation of Section 7031.5 by any person is a civil penalty of not more than five hundred dollars (\$500.00).

I am a owner of the property, or my authorized representative as defined in the Contractors License Law, and the structure is not intended or offered for sale (Sec. 7034, Business and Professions Code). I am not a contractor for the purposes of the Contractors License Law (Chapter 9 (commencing with Section 2000) of Division 3 of the Business and Professions Code) for the alleged work. Any violation of Section 7031.5 by any person is a civil penalty of not more than five hundred dollars (\$500.00).

I, as owner of the property, am exempt from the Contractors License Law for the following reasons (Sec. 7031.5, Business and Professions Code): I am the owner of the property, and I am the contractor for the following work: replace hot water heater, 50 gal gas. I am not a contractor for the purposes of the Contractors License Law (Chapter 9 (commencing with Section 2000) of Division 3 of the Business and Professions Code) for the alleged work. Any violation of Section 7031.5 by any person is a civil penalty of not more than five hundred dollars (\$500.00).

I am exempt under Sec. 7031.5, Business and Professions Code.
Date: 10/17/06

IN ISSUING THIS BUILDING PERMIT, the applicant certifies that the information on the application is correct. I agree to comply with all city and county rules, orders and laws relating to building construction and hereby submit my responsibility(s) of this city to order upon the above-mentioned property for inspection purposes.

I certify that I have read this application and that all information is correct. I agree to comply with all city and county rules, orders and laws relating to building construction and hereby submit my responsibility(s) of this city to order upon the above-mentioned property for inspection purposes.
Date: 10/17/06 Applicant/Agent Signature: Yuh Gueon

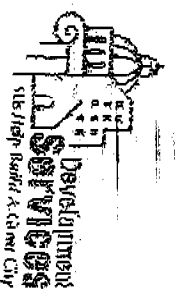
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following conditions:
I have and will maintain a certificate of coverage to self-insure for workers' compensation as provided for by Section 4700 of the Labor Code, for the performance of work for which the permit 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: American Home, Policy Number: WCBP1149.
Expiration Date: 2-21-07

(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: 10/17/06 Applicant Signature: Yuh Gueon

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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.
THIS PERMIT SHALL EXPIRE BY LIMITATION OF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-408-5066 OR 1-800-621-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-408-1901
 Downtown Permit Center, New City Hall
 916 3 Street 3rd Floor, Sacramento, CA 95834

North Permit Center
 2107 Arena Blvd., Suite 200 Sacramento, CA 95834

Fax # 916-408-8370

Activity # 0616223

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 10/11/06

Area 1

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
 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 back fee.

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

Job Address: 324 35th St RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Contact Person: Keith Einhorn Cell # _____ Contract Price \$ 500.00

Property Owner: Brian Burck Contact Phone: 916-293-3081 x 1040 1042

Address: 324 35th St. Contractor: Plumb-In-Time License # 868068

City/State/Zip: Sacramento, CA 95816 City/State/Zip: Crystal Lake, IL 60014

Phone: 916-501-5543 Phone: 815-293-3011 x 1042 Fax: 815-293-3066

Nature of Work: *(Provide detailed description of work & indicate type of work in sections below.)*

Description of Work: Replace hot water heater, 50 gal gas

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Shing <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vynyl <input type="checkbox"/> Sucoo	<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"/> Call-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Out-in: \$ _____	<input checked="" 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"/> Dry Rot or Termite <input type="checkbox"/> Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
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* Design Review approval may be required

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NOTE:
 Correction Notice forms will require an additional building permit.