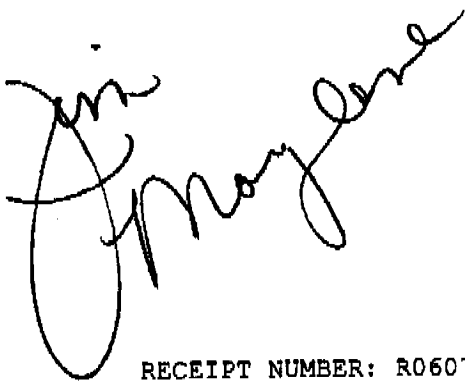


TRANSMISSION VERIFICATION REPORT

TIME : 05/01/2006 12:25  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085556  
 SER. # : BROH4J832840

DATE, TIME : 05/01 12:24  
 FAX NO./NAME : 96862606  
 DURATION : 00:01:08  
 PAGE(S) : 03  
 RESULT : OK  
 MODE : STANDARD  
 ECM



**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

**ISSUE 2  
 CITY OF SACRAMENTO  
 MAY 01 2006  
 DOWNTOWN PERMIT  
 CENTER**

RECEIPT NUMBER: R0607644

TRANSACTION DATE: 05/01/2006  
 TRANSACTION AMOUNT: 188.54  
 NOTATION:

APD #: **0605968**  
 SITE ADDRESS: 1590 CARAMAY WY SAC  
 PARCEL: 012-0036-003  
 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	188.54

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	2.40	.00	2.40
207	Strong Motion (SMI)	1600	.60	.00	.60
213	General Plan Surcharge	1760	3.54	.00	3.54
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: 4-30-06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits require Plan Review are not eligible for the MINOR PERMIT PROGRAM  
 Design Review and Historic Preservation approval may be required if job address is located in these areas (additional forms may be required)

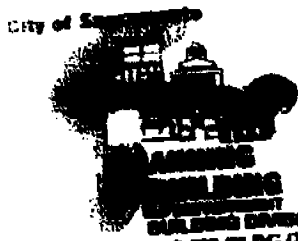
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 1590 - CARAMAY WAY Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)   
 CONTACT INFO Name: JIM MOYLEW Phone #: 531-2793 Email: JIM MOYLEW License #: Y07605  
 Property Owner: MR Betschart Contractor: JIM MOYLEW  
 Address: 7161 - Cupertino dr Address: 7161 - Cupertino dr  
 City/State/Zip: 95629 City/State/Zip: 95629  
 Phone: 600-5353 Phone: 531-2793 Fax: 686-2606  
 Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered?  YES  NO Registration # \_\_\_\_\_

Description of Work: Tea off Shake Project Install 30yr Dimental Comp

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>15</u> Material: <u>30yr Comp</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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"/> Cut-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: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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 Termitte <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or 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 * NOTE * Correction Notice items will require an additional building permit.
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Permit #:

Processor's Initials: \_\_\_\_\_



Inspection Request # (916) 264-7622

Building Permit

Office Use Only

ISSUED CITY OF SACRAMENTO MAY 01 2006

Permit No. 0605968 Date Issued: Total Amount: Insp Area #: 2

DOWNTOWN PERMIT CENTER

Please Fill in the Following

Address of Work

1590 CARAMAY WAY

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of work for which this permit is issued (Sec. 1097, 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 Contractors License Law for the following reason (Sec. 7011.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure...

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 does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale...

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code) and I am exempt under Sec...

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant certifies that measurements and locations shown on the application or accompanying drawings and that the improvements 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...

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 abovesubscribed property for inspection purposes.

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...

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 do employ any person subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall firmly comply with those provisions.

INSURANCE COVERAGE IS 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 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS

Signatures: Jim Moylen (Contractor), Jim Moylen (Applicant/Agent), Jim Moylen (Owner)