

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 04/26/2005

RECEIPT NUMBER: R0507062

TRANSACTION DATE: 04/26/2005
TRANSACTION AMOUNT: 78.94
NOTATION:

APD #: **0505722**
SITE ADDRESS: 5201 CALVINE RD SAC
PARCEL: 117-1050-008

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		78.94

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	.35	.00	.35
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

ISSUED

APR 26 2005 *SKM*

Sacramento Building Division

PAID
CITY OF SACRAMENTO

APR 26 2005

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES



Building Permit

ISSUED

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

Permit No: 0505722
Date Issued: 4/26/05
Total Amount: \$ 78.94
Insp Area #: 2

APR 26 2005
Sacramento Building Division

Inspection Request # (916) 264-7622

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

Site Address: 5201 CALVINE RD SACramento CA 95823
Nature of Work: UNDER WATER 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. License Class C-30 License Number 746774 Date 4-25-05

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 Professions Code: The Contractors License Law does not apply to the 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).

Date: 4-25-05 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 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 permissable 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 the city to enter upon the above-described property for inspection purposes.

Date: 4-25-05 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 contract or 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 FUND
Policy Number: 100639-2001 Expiration Date: 11-05

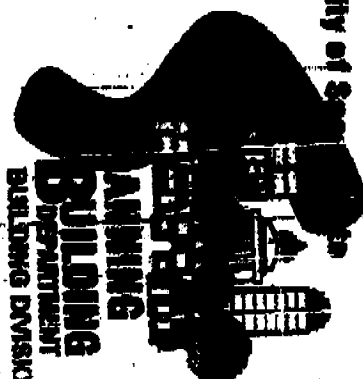
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

Date: 4-25-05 Applicant Signature: [Signature]

WARNING: FAILURE TO SECURE WORKERS 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 OF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

0505-722

Permit request received in this office before 3:00 p.m. will be processed the following work day. Contractor must have a current certificate of contractor's compensation insurance. Work started before a Building Permit is issued will be subject to good faith.

Permits requiring plan review are not eligible for FAXBACK.

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

Fax # (916) 264-1901

Innovation Request # 010 204 1033
Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 5901 CALVINE RD SAC CA 95823

Contract Price: \$ 815,000

CONTACT PERSON: ANDREW FIDRES

CONTACT PHONE:

Property Owner: SAM E

Contractor: MARYLENE COVANO

Address:

Address: 18501 LESCHER CREEK RD

City/State/Zip:

City/State/Zip: WILTON CA 95693

Phone:

Phone: 1817-7106

License # 816378

Phone: 1817-3468

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

WATER HEATER

<input type="checkbox"/> REPAIR (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES: 2 3+		<input type="checkbox"/> HVAC INSTALLATION (Residential ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-CUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-lt <input type="checkbox"/> Heat pump re-duct unit to gas		<input type="checkbox"/> WATER HEATER (Residential ONLY) <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Redesign <input type="checkbox"/> New		<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Fireproof/Seals <input type="checkbox"/> Roof Structure <input type="checkbox"/> Windows/Doors <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential single apartment units ONLY) <input type="checkbox"/> SMOKE <input type="checkbox"/> PORE		<input type="checkbox"/> WINDOW ELECTRICAL AND/OR PLUMBING <input type="checkbox"/> Electric Service Change #amps <input type="checkbox"/> New electric circuit <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-energize <input type="checkbox"/> Water Services <input type="checkbox"/> Sewer Services <input type="checkbox"/> Gas Lines <input type="checkbox"/> Re-plumb <input type="checkbox"/> Weir <input type="checkbox"/> Weir	
<input type="checkbox"/> SIDING <input type="checkbox"/> Gypsum <input type="checkbox"/> T-111 <input type="checkbox"/> HORIZ <input type="checkbox"/> Vinyl <input type="checkbox"/> Shutter		<input type="checkbox"/> Vision of short works Equipment: \$ Cat#s: 1		<input type="checkbox"/> *NOTE: Contractor Must Have all permits on additional building permit.		N/A FAXBACK Permit updated 12/20/01			

* Design Review approval may be required.

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TRANSMISSION VERIFICATION REPORT

TIME : 04/26/2005 10:31
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 04/26 10:29
 FAX NO./NAME 96878468
 DURATION 00:01:20
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
 ECM

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