

CITY OF SACRAMENTO

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0614839

Insp Area: 2

Thos Bros: 337C4

Site Address: 1657 NEIHART AV SAC

Parcel No: 052-0122-034

PAID
CITY OF SACRAMENTO

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

HAGER SHELLY SEP 25 2006
1657 NEIHARD AVE.
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: REROOF - T/O; DRYROT REPAIR @ EAVES/FASCIA; INSTALL 14 SQ 30 YR COMP ON SFD & GAR

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 _____ License Number _____ Date _____ Contractor 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 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 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.)

SM 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 9/25/06 Owner Signature Shelly Hager

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 9/25/06 Applicant/Agent Signature Shelly Hager

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 _____ Exp Date _____

SM (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 9/25/06 Applicant Signature Shelly Hager

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

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

**CITY OF SACRAMENTO
NORTH PERMIT
CENTER**

SEP 25 2006

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-808-1901

RECEIVED

Date: 9/25/06

MINOR PERMIT APPLICATION

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 requiring 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 those areas (additional forms may be required).

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

Job Address: 1657 Neikant, Sac, CA 95823 Bidg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Unit # _____ Contract Price ~ 3500

CONTACT INFO Name: Shelly Hager Phone #: _____ Email: _____ Contractor: Home Depot License #: _____
Property Owner: Shelly Hager Address: _____
Address: 1657 Neikant City/State/Zip: Sacramento, CA 95823
City/State/Zip: _____ Phone: 916-719-2135 Fax: _____
Pre-Registered? YES NO Registration # _____

Description of Work: *Tear off current roof + repair soffits + re-roof*

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 2 # Squares: ~ 4500 Material: 30 YR CMP <input type="checkbox"/> Siding <i>over 6" Fibred</i> <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 Termit 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 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 * NOTE * Correction Notice items will require an additional building permit.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



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OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Shelly Hager , Shelly Hager
(Printed name) (Signature)

Date 9/25/06 Case No. _____ Permit No. 0614839

Job Address 1657 Neilhard Ave, Sac CA 95823

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

PRELIMINARY CHANGE OF OWNERSHIP REPORT

(To be completed by transferee [buyer] prior to transfer of subject property in accordance with section 480.3 of the Revenue and Taxation Code.) A Preliminary Change of Ownership Report must be filed with each conveyance in the County Recorder's office for the county where the property is located; this particular form may be used in all 58 counties of California.

THIS REPORT IS NOT A PUBLIC DOCUMENT

ESCROW NO.: 06-7102333-LB TITLE NO.: 06-7102333

LOCATE NO.: CAFNT0934-0934-0007-0007102333

SELLER/TRANSFEROR: Charles David Harmon

BUYER/TRANSFeree: Shelly Hager

ASSESSOR'S PARCEL NUMBER(S): 052-0122-034

PROPERTY ADDRESS OR LOCATION:

1657 Neihart Way, Sacramento, CA 95823

LEGAL DESCRIPTION:

MAIL TAX INFORMATION TO:

Ms. Shelly Hager

8861 Williamson Dr., Ste. 40

Elk Grove, CA 95624

Phone Number (8 a.m. - 5 p.m.) ()

NOTICE: A lien for property taxes applies to your property on January 1 of each year for the taxes owing in the following fiscal year, July 1 through June 30. One-half of these taxes is due November 1, and one-half is due February 1. The first installment becomes delinquent on December 10, and the second installment becomes delinquent on April 10. One tax bill is mailed before November 1 to the owner of record. You may be responsible for the current or upcoming property taxes even if you do not receive the tax bill. The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the Sacramento County Assessor. For further information on your supplemental roll obligation, please call the Sacramento County Assessor.

PART I: TRANSFER INFORMATION (please answer all questions)

- | | | |
|-----|-----|---|
| YES | NO | |
| ___ | ___ | A. Is this transfer solely between husband and wife (addition of a spouse, death of a spouse, divorce settlement, etc.)? |
| ___ | ___ | B. Is this transaction only a correction of the name(s) of the person(s) holding title to the property (for example, a name change upon marriage)? Please explain _____ |
| ___ | ___ | C. Is this document recorded to create, terminate, or reconvey a lender's interest in the property? |
| ___ | ___ | D. Is this transaction recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (e.g., cosigner)? Please explain _____ |
| ___ | ___ | E. Is this document recorded to substitute a trustee of a trust, mortgage, or other similar document? |
| ___ | ___ | F. Did this transfer result in the creation of a joint tenancy in which the seller (transferor) remains as one of the joint tenants? |
| ___ | ___ | G. Does this transfer return property to the person who created the joint tenancy (original transferor)? |
| ___ | ___ | H. Is this transfer of property: |
| ___ | ___ | 1. to a revocable trust that may be revoked by the transferor and is for the benefit of the ___ transferor ___ transferor's spouse? |
| ___ | ___ | 2. to a trust that may be revoked by the Creator/Grantor who is also a joint tenant, and which names the other joint tenant(s) as beneficiaries when the Creator/Grantor dies? |
| ___ | ___ | 3. to an irrevocable trust for the benefit of the ___ Creator/Grantor and/or ___ Grantor's spouse? |
| ___ | ___ | 4. to an irrevocable trust from which the property reverts to the Creator/Grantor within 12 years? |
| ___ | ___ | I. If this property is subject to a lease, is the remaining lease term 35 years or more including written options? |
| ___ | ___ | * J. Is this transfer between ___ parent(s) and child(ren)? ___ or from grandparent(s) to grandchild(ren)? |
| ___ | ___ | * K. Is this transaction to replace a principal residence by a person 55 years of age or older? Within the same county? ___ Yes ___ No |
| ___ | ___ | * L. Is this transaction to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5? Within the same county? ___ Yes ___ No |
| ___ | ___ | M. Is this transfer solely between domestic partners currently registered with the California Secretary of State? |

*If you checked yes to J, K or L, you may qualify for a property tax reassessment exclusion, which may result in lower taxes on your property. If you do not file a claim, your property will be reassessed.

Please provide any other information that would help the Assessor to understand the nature of the transfer. If the conveying document constitutes an exclusion from a change in ownership as defined in section 62 of the Revenue and Taxation Code for any reason other than those listed above, set forth the specific exclusions claimed: _____

Please answer all questions in each section. If a question does not apply, indicate with "N/A." Sign and date at bottom of second page.

PART II: OTHER TRANSFER INFORMATION

- A. Date of transfer if other than recording date _____
- B. Type of transfer (please check appropriate box):
- ___ Purchase ___ Foreclosure ___ Gift ___ Trade or Exchange ___ Merger, Stock, or Partnership Acquisition
- ___ Contract of Sale - Date of Contract _____
- ___ Inheritance - Date of Death _____ Other (please explain): _____
- ___ Creation of Lease ___ Assignment of a Lease ___ Termination of a Lease ___ Sale/Leaseback
- ___ Date lease began _____
- ___ Original term in years (including written options) _____
- ___ Remaining term in years (including written options) _____
- ___ Monthly Payment _____ Remaining Term _____
- C. Was only a partial interest in the property transferred? ___ Yes ___ No
- If yes, indicate the percentage transferred _____ %