

TRANSMISSION VERIFICATION REPORT

TIME : 05/26/2006 14:22
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME	05/26 14:21
FAX NO./NAME	93538283
DURATION	00:01:09
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0609593
 TRANSACTION DATE: 05/26/2006
 TRANSACTION AMOUNT: 78.83
 NOTATION:

PAID
 CITY OF SACRAMENTO
 MAY 26 2006
 NEW CITY HALL

ISSUED
 CITY OF SACRAMENTO
 MAY 26 2006
 DOWNTOWN PERMIT
 CENTER

APD #: 0607686
 SITE ADDRESS: 7364 FLOWERWOOD WY SAC
 PARCEL: 031-0810-042

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	78.83

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	.24	.00	.24
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

0607686



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.gov
Help Line: 1-916-264-6666 OR 1-800-EZ-PERMIT
Inspection: 1-916-264-4577



Downtown Permit Center 1-916-264-4807 North Permit Center 1-916-264-2954
1231 I Street, Suite 200, Sacramento, CA 95814 2101 Arena Blvd., Suite 200, Sacramento, CA 95834 Fax # 916-264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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

Permits requiring plan review are not eligible for FAXBACK

fax back

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

Credit Card Information on File? Yes No
Job Address: 3364 Flowerwood way Unit # _____ Contract Price \$ 600
Contact Person: Yerusa Stanford Contact Phone: (916) 353-0498
Property Owner: Dennis Low Contractor: Dennis Plumbing
Address: 3364 Flowerwood way Address: PO Box 1398
City/State/Zip: Sacramento CA 95834 City/State/Zip: Folsom CA 95763
Phone: 916-392-3334 Phone: (916) 353-0483 FAX

Description of Work: Water Heater Change out Nature of Work: (Provide detailed description of work & indicate type of work in sections below)

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Re-shed <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> # Stories: _____ <input type="checkbox"/> # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Shale	<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"/> Out-in <input type="checkbox"/> Flue pump or elec. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$: _____ Duct-ins: \$: _____	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termites Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ <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"/> SRAI # _____ <input type="checkbox"/> PG&E
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* Design Review approval may be required.

NOTE: Connection Notice items will require an additional building permit.

PBF10002

PAID
CITY OF SACRAMENTO

MAY 26 2006



Inspection Request # (516) 264-7623

NEW CITY HALL

Building Permit ISSUED
CITY OF SACRAMENTO

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

Permit No: 0607686
Date Issued: 05/25/06
Total Amount: \$ 7883
Insp Area #: 2

MAY 26 2006
DOWNTOWN PERMIT
CENTER

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

Site Address: 7341 Flowerwood way Sacramento CA 95831
Nature of Work: Waterheater Change out

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 536 License Number 228505 Exp 5/25/06 Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 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. 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).
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 above-mentioned property for inspection purposes.

Date 5/25/06 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 coverage 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.
X 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 Washington State Mutual
Policy Number 01 RB 0060-253 Expiration Date 4/1/08

(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 5/25/06 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 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

PRF10004