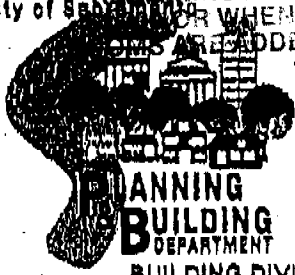


SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS REQUIRING A PERMIT ARE IN EXCESS OF 1000 SQ FT OR WHEN ONE OR MORE SLEEPING QUARTERS ARE ADDED OR CREATED (GROUP B)

Building Permit

Let

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



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

Permit No: 04-05215 Date Issued: 4/6/04 Total Amount: \$ 7850

ISSUED APR 06 2004

Sacramento Building Division

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

Site Address: 2165 4th Ave Nature of Work: WTR HTR 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). 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 C-20 License Number 387145 Date 4/5/04 Signature [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 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 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.) 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 4/5/04 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 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 State Fund Policy Number 0000093-2003 Expiration Date 7/04

(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 4/5/04 Applicant Signature [Signature]

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.

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will 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 fees.



BUILDING DEPARTMENT  
BUILDING DIVISION  
Fax # (916) 264-1901

Permits requiring plan review are not eligible for FAXBACK

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 2105 4th Ave	Contract Price \$ 11,500	Unit #
Parcel Number: 013-00311021	CONTACT PHONE: 916-456-4738	
CONTACT PERSON: Diane	Contractor: McDonald PHAC	License # 387145
Property Owner: Robert Nunez	Address: 3618 Broadway	
Address: 2105 4th Ave	City/State/Zip: Sacramento, CA 95817	
City/State/Zip: 95817	Phone: 916-456-4738	FAX: 916-456-8357
Phone: 453-0218		

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

Description of Work: WTR HTR C/O

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE Stories: 1 2 3+ Material:	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<input checked="" type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Retubular <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Extend * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E	<input type="checkbox"/> Minor Electric and/or Minor PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric Circuits <input type="checkbox"/> Re-wire Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approval may be required.

\* Design Review approval may be required.

\*NOTE: Correction Notice items will require an additional building permit.

MR Faxback Form updated 1/20/00/01

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0405215**  
**Bldg Minor Permit**  
**as of 04-06-2004 Permit Status: READY**

**Site Address: 2165 4TH AV SAC**  
Parcel No: 013-0031-021  
Thomas Bros: 297D7

CONTRACTOR  
MCDONALD PLMBG HTG&AIR  
3618 BROADWAY  
SACRAMENTO CA 95817  
Phone: 916-456-4738

OWNER  
HANSEN KAREN L  
2165 4TH AV  
SACRAMENTO CA 95818  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work: WTR HTR C/O**

Permit Valuation: \$1,500.00  
Square Footage: 0

Building Permit .....	\$75.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.00	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$0.60	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$3.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek .....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$78.60</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$78.60</b>

**PAID**  
CITY OF SACRAMENTO  
APR 06 2004  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)



BUILDING DIVISION  
Fax # (916) 264-1901

Faxed request received in this office before 3:00 p.m. will 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 fees.

Permits requiring plan review are not eligible for FAXBACK

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 7070 Martha Cir.	Contract Price \$ 2,500	Unit #
Parcel Number: 015-0332-013	CONTACT PHONE: 916-456-4738	
CONTACT PERSON: Diane Elizabeth Mueller	Contractor: McDonald PHAC	License # 387145
Property Owner: 7070 Martha Cir.	Address: 3618 Broadway	
Address: SAC, 95820	City/State/Zip: Sacramento, CA 95817	
City/State/Zip: SAC, 95820	Phone: 916-456-4738	FAX: 916-456-8257
Phone: 916-3916		

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

Description of Work: Furn 90

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES Stories: 1 # SQUARES 2 3+ Material:	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <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"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input checked="" type="checkbox"/> Other (describe below) Value of duct work: Furnace Equipment: \$ Out-in: \$	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approval may be required.

\* Design Review approval may be required.

\* NOTE: Correction Notice items will require an additional building permit.

MR Faxback Form updated 12/03/01

MODE = MEMORY TRANSMISSION

START=APR-06 14:52

END=APR-06 14:58

FILE NO.=426

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	8	94568257	012/012	00:05:39

-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0405280

TRANSACTION DATE: 04/06/2004  
TRANSACTION AMOUNT: 78.60  
NOTATION:

APD #: **0405215**  
SITE ADDRESS: 2165 4TH AV SAC  
PARCEL: 013-0031-021

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	78.60

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	.60	.00	.60
259	Technology Surcharge	1750	3.00	.00	3.00

**PAID**  
CITY OF SACRAMENTO  
APR 06 2004  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES