

TRANSMISSION VERIFICATION REPORT

TIME : 06/29/2005 10:57
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 06/29 10:56
 FAX NO./NAME : 93542862
 DURATION : 00:01:15
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0511610

ISSUED

TRANSACTION DATE: 06/29/2005
 TRANSACTION AMOUNT: 194.51
 NOTATION:

JUN 29 2005

Sacramento Building Division

APD #: 0509464
 SITE ADDRESS: 906 LINVALE CT SAC
 PARCEL: 024-0042-010

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	194.51

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	4.84	.00	4.84
213	General Plan Surcharge	1760	7.67	.00	7.67
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

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**PAID
CITY OF SACRAMENTO**

JUN 29 2005

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES**

City of Sacramento



Building Permit ISSUED

Office Use Only

Permit No: 0509464
Date Issued: 6/29/05
Total Amount: 194.51
Insp Area #: 2

JUN 29 2005
Sacramento Building Division

Inspection Request # (916) 244-7622

Please Fill in the Following

Site Address: 906 Linnale Court
Nature of Work: Remove 2 layers of wall, install 1 1/2" OSB and 5/8" steel mesh, replace gutters w/ same

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is no construction lending agency for the performance of the work for which this permit is issued.

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 construction license law for the following reasons (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 exempt 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).

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 permitted 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 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 described 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, 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: BBSI
Policy Number: 3044
Effective Date: 3/23/05
(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.

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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

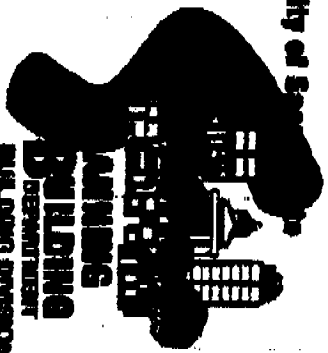
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

5915 2,003/003

DEVELOPMENT SERVICES

JUN-29-2005 11:07 PM

City of Seattle



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Form 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 grand fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information

MUST be provided:

Credit Card info on Fax? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (mixed)

JOB ADDRESS: 910 Leavitt Court
 Parcel Number: 024-09125010
 CONTACT PERSON: John Kiverson
 Property Owner: Mr Henry Skell
 Address: Same
 City/State/Zip: Seattle WA 98108
 Phone: 426-5770

Contract Price: \$ 12,100 -
 CONTACT PHONE: 426-7065
 Contractor: Kiverson Roofing & Siding
 Address: 1975 1st Ave S
 City/State/Zip: Seattle WA 98148
 Phone: 426-7065

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

Description of Work: Remove 2 layers, install 7/16" OSB and 50 yr Mem Comp paper gables of same

<input checked="" type="checkbox"/> REMODEL (including Ins) <input type="checkbox"/> TEAR OFF <input type="checkbox"/> REBUILT <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> 1 SQUARES <input type="checkbox"/> 3+ Submittal: <u>ETW Products</u> <u>105-5091</u>	<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"/> Radiant panel <input type="checkbox"/> Oil-ht <input type="checkbox"/> Heat pump or other unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: Department: <u>3</u> Call #: <u>3</u>	<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"/> Radiocable <input type="checkbox"/> New <input checked="" type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <u>to roof</u>	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E *NOTE: Corrosion Abatement items will require an additional building permit.
<input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shakes	<input type="checkbox"/> Residential ONLY <input type="checkbox"/> Commercial (mixed)	<input type="checkbox"/> REMOVAL ELECTRICAL AND/OR PLENUMS <input type="checkbox"/> Electric Service Change <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	*Design Review approval may be required. *Design Review approval may be required.

OS09444 Area 2