

TRANSMISSION VERIFICATION REPORT

TIME : 07/06/2005 09:48
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME : 07/06 09:47
 FAX NO./NAME : 96865293
 DURATION : 00:00:39
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0511980

ISSUED *Leary*
 JUL 06 2005

TRANSACTION DATE: 07/06/2005
 TRANSACTION AMOUNT: 186.95
 NOTATION:

Sacramento Building Division

APD #: 0509795
 SITE ADDRESS: 22 ABBEYWOOD CR SAC
 PARCEL: 117-0510-036
 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 | 186.95 |

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 | 2.00 | .00 | 2.00 |
| 213 | General Plan Surcharge | 1760 | 2.95 | .00 | 2.95 |
| 259 | Bldg-Technology Surcharg | 1750 | 7.00 | .00 | 7.00 |



Fax # (916) 264-1901
 Inspection Request # (916) 264-7532
 Credit Card Info on File? Yes No

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Formed 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: 22 Abbey Wood Cir. Unit # _____
 Parcel Number: _____
 CONTACT PERSON: Orvina Masters
 Property Owner: Bruce Parkley
 Address: 9444 Starling Oaks Dr.
Crystal Lake, CA 95158
 Phone: 916 685-7383
 CONTRACT PRICE \$ 5000
 CONTRACT PHONE: 916 685-4616
 Contractor: BRI EXOS. HEATING & AIR License # 726129
 Address: 9195 SWERVEY RD.
CRYSTAL LAKE, CA 95624
 Phone: 916 685-4616 FAX: 916 686-5293

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

HVAC changes

| | | | |
|--|---|---|--|
| Description of Work: <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # SQUARES # Stories: 1 2 3+ Material: _____ | <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Road mount <input type="checkbox"/> Coil <input type="checkbox"/> Head pump or elec. unit to ps. <input type="checkbox"/> What furnace <input type="checkbox"/> Freon (type) <input type="checkbox"/> Oil (Gasoline fuel) Value of dust work: Equipment: \$ _____ Cuts: \$ _____ | <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"/> Relocates <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"/> PUBLIC UTILITIES SAFETY INSPECTION* (Gas, electrical and single apartment units ONLY) <input type="checkbox"/> SMOKE <input type="checkbox"/> PGBE *NOTE: Correction Notice items will require an additional building permit. | <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.

0509795

W



Building Permit

ISSUED

George

Office Use Only

Permit No: 0509795
Date Issued: 7/6/05
Total Amount: 18695
Insp Area #: 2

JUL 06 2005
Sacramento Building Division

Please Fill in the Following

Inspection Request # (916) 264-7623
Site Address: 22 Abbey Wood Cir.
Nature of Work: HVAC Changeout

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: 20 C36 License Number: 126129 Date: 7/5/05 Signature: Chaliquan Masters

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 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 project with a contractor(s) licensed pursuant to the Contractors License Law.
I am exempt under Sec. _____ B & P.C. 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 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: 7/5/05 Applicant/Agent Signature: Chaliquan Masters

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: Financial Pacific
Policy Number: 170334A Expiration Date: 04-26-05

(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: 7/5/05 Applicant Signature: Chaliquan Masters

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.