

TRANSMISSION VERIFICATION REPORT

TIME : 09/26/2006 14:51
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 09/26 14:49
 FAX NO./NAME : 93410232
 DURATION : 00:02:11
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD

*Cal
Wat*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET
 ISSUED
 CITY OF SACRAMENTO**

SEP 26 2006

RECEIPT NUMBER: R0617775

**DOWNTOWN PERMIT
 CENTER**

TRANSACTION DATE: 09/26/2006
 TRANSACTION AMOUNT: 198.10
 NOTATION:

APD #: 0614855
 SITE ADDRESS: 1403 SAN CLEMENTE WY SAC
 PARCEL: 029-0124-003

Mixed Income Housing
 Fee Program
 ??

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	198.10

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	5.80	.00	5.80
207	Strong Motion (SMI)	1600	1.45	.00	1.45
213	General Plan Surcharge	1760	8.85	.00	8.85
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

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

Permit No: 0614855
 Date Issued:
 Total Amount: \$198.10
 Insp Area #: 2

ISSUED
CITY OF SACRAMENTO
 SEP 26 2006

DOWNTOWN PERMIT CENTER

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

Inspection Request # (916) 264-7622

Site Address: 1403 SAN CLEMENTE LN
 Nature of Work: TD CARP, INSTALL PLYWOOD, APPLY FELT, INSTALL PRESERVATION DMZ COMP

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).

Leader's Name _____ Leader'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 C39 License Number 713743 Date 9-22-06 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 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 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 abovementioned property for inspection purposes.

Date 9-22-06 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 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 33-200-10 Expiration Date 01-01-087

(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 9-22-06 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.



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7822



Fax # 916-408-1901
Downtown Permit Center, New City Hall
815 Street 3rd Floor, Sacramento, CA 95814

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

Fax # 916-408-8370

Activity # 0104855

FAXED PERMIT APPLICATION

(certain restrictions apply)

Date: 9-22-06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a fine.

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

Job Address: 1403 SAN CLEMENTE WAY RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Contact Person: ROBERTO LOZLOUSKI Unit # 141500

Property Owner: PAUL WILSON Contract Price \$ 14,500

Address: 1403 SAN CLEMENTE WAY Contractor: CAL-WEST License # 713743

City/State/Zip: SAC CA 95831 Address: 3200 CUTLER PI City/State/Zip: DAVIS CA 95616

Phone: 916-393-1064 City/State/Zip: 916-341-0032 Fax: 508

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
Description of Work: TIA COOP. INSURANCE OLYWOOD, ARRY & LT. SUSAN RESIDENTIAL DIN ROOM

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tar-Off <input checked="" type="checkbox"/> Re-roof <input checked="" type="checkbox"/> Flood <input checked="" type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>34</u> Material: <u>Presidential</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <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. Value of duct work: Equipment: \$ Cut-in: \$	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Re-locate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair (Describe Location Below)	<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"/> SNUD <input type="checkbox"/> PG&E
---	---	--	---	---

* Design Review approval may be required.

* Design Review approval may be required.

* Design Review approval may be required.

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