

TRANSMISSION VERIFICATION REPORT

TIME : 09/27/2005 09:49  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 09/27 09:47  
FAX NO./NAME 93878032  
DURATION 00:02:16  
PAGE(S) 03  
RESULT OK  
MODE STANDARD

*merit*

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

**ISSUED**  
**CITY OF SACRAMENTO**  
SEP 27 2005  
**DOWNTOWN PERMIT  
CENTER**

*File*

RECEIPT NUMBER: R0518452  
TRANSACTION DATE: 09/27/2005  
TRANSACTION AMOUNT: 187.66  
NOTATION:

APD #: **0515072**  
SITE ADDRESS: 1321 BRANWOOD WY SAC  
PARCEL: 031-0214-012

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	187.66

**PAID**  
**CITY OF SACRAMENTO**  
SEP 27 2005

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		

**NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES**



**Building Permit**

**ISSUED**  
**CITY OF SACRAMENTO**

\*\*\*\*\* Office Use Only \*\*\*\*\*  
 Permit No: OS15072  
 Date Issued: 9/27/2005  
 Total Amount: \_\_\_\_\_

SEP 27 2005

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*  
 Nature of Work: 1321 BRANWOOD WAY  
CHANGE OUT EXISTING  
HVAC SPLIT SYSTEM

\*\*\*\*\*  
 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 5 of the Business and Professions Code and my license is in full force and effect.  
 License Class C License Number 735542 Date 9-27-05 Signature Arland Allred

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 5 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, 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-described property for inspection purposes.  
 Date 9-27-05 Applicant/Agent Signature Arland Allred

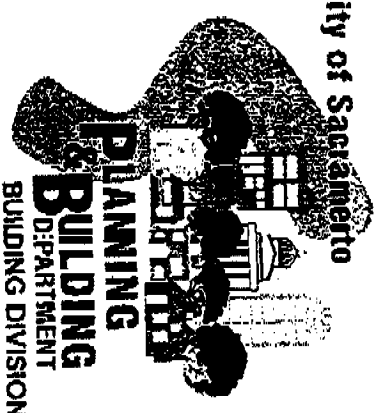
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:  
 I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit 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 FUEL  
 Policy Number 7025930 Expiration Date 7-10-06

(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 9-27-05 Applicant Signature Arland Allred

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 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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



**FXBACK PERMIT APPLICATION**  
(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day.  
Contractor's must have current certificate of Worker's Compensation Insurance.  
Work started before Building Permit is issued will be subject to add fees.

*PRC*  
05/5072  
Area 2

**PLANNING & BUILDING DEPARTMENT**  
BUILDING DIVISION  
Fax #(916) 264-1901

Permits requiring plan review are not eligible for FXBACK

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

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

Job Address: 1321-BRANDWOOD WAY SACRTO. CA. 95831 Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_ Contract Price \$ 5,300.00  
 CONTACT PERSON: LARRY UDA CONTACT PHONE: 747-2143  
 Property Owner: RANDY UDA Contractor: MERT HERRING/BA License # 735542  
 Address: 1321-BRANDWOOD WAY Address: 5451-WALDFORD DR #109  
 City/State/Zip: SACRTO. CA. 95831 City/State/Zip: SACRTO. CA. 95830  
 Phone: 682-8574 Phone: 682-8574 FAX: 387-8032

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

Description of Work CHANGE OUT EXISTING HVAC SPLIT SYSTEM

<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 CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elt. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Inset <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-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"/> Mudslit/Stucco <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTON * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	(Residential ONLY) <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 <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.