

TRANSMISSION VERIFICATION REPORT

TIME : 08/01/2006 13:49  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

|              |                 |
|--------------|-----------------|
| DATE, TIME   | 08/01 13:47     |
| FAX NO./NAME | 96358626        |
| DURATION     | 00:01:22        |
| PAGE(S)      | 03              |
| RESULT       | OK              |
| MODE         | STANDARD<br>ECM |

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0614063  
 TRANSACTION DATE: 08/01/2006  
 TRANSACTION AMOUNT: 187.26  
 NOTATION:

APD #: **0611661**  
 SITE ADDRESS: 1273 FALL CREEK WY SAC  
 PARCEL: 225-0972-031

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

**ISSUED**  
 CITY OF SACRAMENTO  
 AUG 01 2006  
 DOWNTOWN PERMIT CENTER  
 LMC

**PAID**  
 CITY OF SACRAMENTO  
 AUG 01 2006  
 NEW CITY HALL

Mixed Income Housing  
 Fee Program  
 ??

**TRANSACTION LIST**

| Type    | Method   | Description | Pymt Amount |
|---------|----------|-------------|-------------|
| Payment | Credit C | TEETER      | 187.26      |

**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   | 1.81      | .00       | 1.81         |
| 207     | Strong Motion (SMI)      | 1600   | .50       | .00       | .50          |
| 213     | General Plan Surcharge   | 1760   | 2.95      | .00       | 2.95         |
| 259     | Bldg-Technology Surcharg | 1750   | 7.00      | .00       | 7.00         |



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

PAID \*\*\*\*\* Office Use Only \*\*\*\*\*
CITY OF SACRAMENTO
Permit No: 0611661
Date Issued: AUG 01 2006
Total Amount: 187.20
NEW CITY HALL
Ave: 4
Please Fill in the Following
Site Address:
Nature of Work:

ISSUED \*\*\*\*\*
CITY OF SACRAMENTO
AUG 01 2006
DOWNTOWN PERMIT CENTER

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: C39 License Number: 416821 Date: 07/28/06 Signature: Barbara L Bedford

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. D & 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.

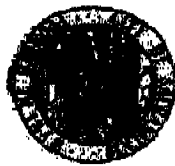
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.
Date 07/28/06 Applicant/Agent Signature Barbara L Bedford

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 169782904 Expiration Date 07-31-05

(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 07/28/06 Applicant Signature Barbara L Bedford

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 1708 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 1-868-EZ-PERMIT  
Inspection: 1-916-808-7622



Fax # 916-808-1901

Downtown Permit Center, New City Hall  
915 I Street, 3rd Floor, Sacramento, CA 95814

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

Fax # 916-808-8370

Activity # Unlabeled

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Date: 07/28/06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday. 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 quad fee.

Permits requiring Plan Review are not eligible for FAXBACK

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

CREDIT CARD INFORMATION ON FILE?  Yes  No

Job Address: 1273 Fall Creek Way Sacramento 95833

Contact Person: Harold Brown

Property Owner: Harold Brown

Address: 1273 Fall Creek Way

City/State/Zip: Sacramento, CA 95833

Phone: (504) 281-4375

Nature of Work: Tear off existing composition roofing w/certain tear off composition

Description of Work: Tear off existing composition roofing w/certain tear off composition

Contact Phone: (504) 281-4375

Contractor: CA-DY ROOFING

Address: 4267 Colony Road

City/State/Zip: Rancho Cordova CA 95670

Phone: 916-635-6300 Fax: 916-635-8626

Contract Price: 4533.00

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

|   |  |   |  |   |
|---|--|---|--|---|
| <input checked="" type="checkbox"/> Reroof (excluding tile)<br><input type="checkbox"/> Tear-Off<br><input type="checkbox"/> Resheet<br><input type="checkbox"/> House <input type="checkbox"/> Garage<br># Stories: <u>1</u><br># Squares: <u>20</u><br>Material: <u>CertainTeed</u><br><input type="checkbox"/> Siding<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Hardie<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Stucco | <input type="checkbox"/> HVAC Installations (Residential Only)<br><input type="checkbox"/> Change-out <input type="checkbox"/> New<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or elect. unit to gas.<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: _____<br>Equipment: \$ _____<br>Cut-in: \$ _____ | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Gas <input type="checkbox"/> Electric<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termitic Damage Repair (Describe Locations Below) | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only)<br><input type="checkbox"/> Electric Service Change # amps<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)<br><input type="checkbox"/> SMUD<br><input type="checkbox"/> PG&E |
|---|--|---|--|---|

\* Design Review approval may be required.

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PBF-10002