

TRANSMISSION VERIFICATION REPORT

TIME : 09/06/2005 10:13
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	09/06 10:09
FAX NO./NAME	96820867
DURATION	00:03:52
PAGE(S)	07
RESULT	OK
MODE	STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0516502
 TRANSACTION DATE: 09/06/2005
 TRANSACTION AMOUNT: 190.27
 NOTATION:

ISSUED *su*
 SEP 06 2005
 Sacramento Building Division

APD #: **0513501**
 SITE ADDRESS: 7223 HAVENSIDE DR SAC
 PARCEL: 031-0500-054
 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	190.27

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt

PAID
CITY OF SACRAMENTO
 SEP 06 2005
**NEIGHBORHOODS PLANNING
 AND DEVELOPMENT SERVICES**

Building Permit

City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED AUG 10 6 2005 Sacramento Building Division

Permit No: 0513501 Date Issued: 9/6/05 Total Amount: \$190.27

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

Site Address: 7223 Havenside Dr. Nature of Work: Re Roof with 30 yr 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. 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 of the Business and Professions Code and my license is in full force and effect. I am licensed as a contractor in the State of California, and I am not a contractor in any other state or territory...

I, as owner of the property, or my employee 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 contracts for such projects with a contractor(s)...

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)...

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 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 the 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.

I have and will maintain a certificate of self-insurance for workers' compensation as provided in 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 Estate Fund Workers Comp Policy Number 1822030-05 Expiration Date 2/1/06

(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 9/31/05 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.



X # (916) 264-1901

F.A.K PERMIT APPLICATION

(certain restrictions apply)

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

Permits requiring review are not eligible for FAXBACK

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

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

Job Address: 7773 Holliston Side Dr. SACRA- 85877-20
 Parcel Number: _____
 CONTACTSON: Jesus Reyes CONPHONE: 719-6244 License # 793951
 PROOWNER: Richard Owens Dr Address: _____
 Add: 7823 Holliston Side Dr State/Zip: _____
 City/Zip: SAC CA 95831 Phone: 916-264-6822-08
 Phone: _____

NATURE OF WORK: (Provide detailed description of work/ate type of work in selections below)

Description: BLEK DE ROOF WITH 7/16 b Plywood and 3/4" D

<input checked="" type="checkbox"/> ROOF (excluding tile) <input type="checkbox"/> RESHEED <input checked="" type="checkbox"/> GARAGE Stories: <u>2</u> # SQUARES: <u>3+</u> Material: <u>yc Camp</u>	<input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OU <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cull-in <input type="checkbox"/> Heat pump or elect. gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIKIL <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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudstiff/Studs <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Servi <input type="checkbox"/> Sewer Serv <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Waste <input type="checkbox"/> Waste
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Value of duct work: \$ _____
Equipment: \$ _____
Cut-in: \$ _____

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

* Design Review approval may be required.

(WR Faxback Permit) update