

TRANSMISSION VERIFICATION REPORT

TIME : 10/03/2006 14:38
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME	10/03 14:37
FAX NO./NAME	96865293
DURATION	00:00:47
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Belle Bros

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO**

OCT 03 2006

**DOWNTOWN PERMIT
 CENTER**

RECEIPT NUMBER: R0618223
 TRANSACTION DATE: 10/03/2006
 TRANSACTION AMOUNT: 188.93
 NOTATION:

APD #: **0615323**
 SITE ADDRESS: 1441 STODDARD ST SAC
 PARCEL: 035-0073-013

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	188.93

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	2.80	.00	2.80
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

ISSUED

Office Use Only CITY OF SACRAMENTO

Permit No: 0615323
Date Issued:
Total Amount:
Insp Area #:

OCT 03 2006
DOWNTOWN PERMIT CENTER

Inspection Request # (916) 264-7622

Please Fill in the Following

Site Address: 1441 Stoddard St.
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 2005) of Division 3 of the Business and Professions Code and my license is in full force and effect.
License Class: 20 C 20 License Number: 726129 Date: 10/2/06 Signature: Chaliquin Masters

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor license law for the following reason (Sec. 7041.5, 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 Contractor 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 this alleged exemption. Any violation of Section 7041.5 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 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 does such work himself or herself or through his or 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 Contractor 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 improvements 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: 10/2/06 Applicant/Agent Signature: Chaliquin 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 insurance for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.
X I have and will not obtain 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: 70324A Expiration Date: 04-28-05

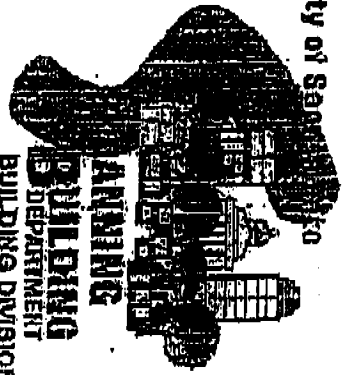
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date: 10/2/06 Applicant Signature: Chaliquin 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.

City of Sacramento



BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

Inspection Request # (916) 264-7522

Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 1441 STODARD ST.

Contract Page \$ 7000

TYPE #

CONTACT PERSON: DRYINA MASTERS

Property Owner: ROSEVELT KNOX

Address: 1441 STODARD ST.

City/State/Zip: SACRAMENTO, CA 95812

Phone: 916 422-3246

Contractor: BALBOS HEATING & AIR

Address: 9195 SURVEY RD.

City/State/Zip: ELK GROVE, CA 95624

Phone: 916 685-4616

License # 726129

FAX 916 686-5293

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

HVAC REPLACEMENT

<input type="checkbox"/> RENDOFF (excluding US) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SCOURSES <input type="checkbox"/> GARAGE # Stories 1 2 3+ Material:	Residential ONLY <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Seal Pump <input checked="" type="checkbox"/> Packaged <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Cash <input type="checkbox"/> Heat pump or elec. unit in gas. <input type="checkbox"/> Wet flues <input type="checkbox"/> Freonless heat <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Guts: \$ * Design Review approval may be required.	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"/> Relocates <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooding/Dists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Foundation <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * * Restricted and single operational units ONLY <input type="checkbox"/> SAUD <input type="checkbox"/> PGBE NOTE: Erection Work Items will require an additional building permit.	Residential ONLY <input type="checkbox"/> MAJOR ELECTRICAL AND/OR MAJOR PLUMBING <input type="checkbox"/> Electric Service Change #-amps <input type="checkbox"/> New electric <input type="checkbox"/> Circuit <input type="checkbox"/> Re-locate <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Lines <input type="checkbox"/> Re-Work <input type="checkbox"/> Water <input type="checkbox"/> Waste
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* Design Review approval may be required.

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NR Formed Permit created 10/20/06

Faxed 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:

0615923