TRANSMISSION VERIFICATION REPORT

TIME : 10/25/2006 15:03
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE,TIME	10/25 15:02
FAX NO./NAME	97910444
DURATION	00:00:52
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Tim Jones

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
OCT 23 2006
DOWNTOWN PERMIT CENTER

RECEIPT NUMBER: R0619782

TRANSACTION DATE: 10/25/2006
TRANSACTION AMOUNT: 188.08
NOTATION:

APD #: **0616366**
SITE ADDRESS: 1352 GRENDEL WY SAC
PARCEL: 225-0600-062

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

Mixed Income Housing
Fee Program
??

FSEW

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	188.08

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	2.03	.00	2.03
207	Strong Motion (SMI)	1600	.51	.00	.51
213	General Plan Surcharge	1760	3.54	.00	3.54
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

Building Permit ISSUED
CITY OF SACRAMENTO
OCT 23 2006
DOWNTOWN PERMIT CENTER

City of Sacramento
BUILDING DIVISION
(916) 808-BLDG (2534)

Office Use Only

Permit No: 0616366
Date Issued:
Total Amount:

Please Fill in the Following

Site Address: 1352 Crendall Way
Nature of Work: T.O. Re. Comp - Erect w/ 30 year C

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). N/A
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: C-39 License Number: 522553 Date: 09/07 Signature: [signature]

OWNER-BUILDER DECLARATION: [illegible]

[illegible] N/A

Date: ______ Owner Signature: ______

IN ISSUING THIS BUILDING PERMIT, [illegible]

I certify that I have read this application and state that all information is correct. [illegible]

Date: 10/18/06 Applicant/Agent Signature: [signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

X 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 the work for which this 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: California Insurance Company Expiration Date: 1/23/07
Policy Number: 2/ie.DD384660121

___ (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: 10/18/06 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.

Oct 24 2006 08:10am P001/003 Fax 916-808-8370
May 8 2006 12:56pm P002/002 Fax 916-808-8370
DEV SVC'S CITY OF SAC
DEV SVC'S CITY OF SAC

10/19/2006 07:52 9162647480 Tim Jones Roofing PAGE 02
10 18 06 04:11p

DATE: 10/18/06

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

991-0444

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
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 penalties.

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

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

JOB ADDRESS: 1352 Greenhall Way Src UNIT #: ____ ☐ CONTRACT PRICE $ 5,070.00

☒ CONTACT PERSON: Lisa Jones ☒ CONTACT PHONE: 791-0408

Property Owner: Bob Weston	Contractor: Tim Jones Roofing License #: 522658
Address: 1352 Greenhall Way	Address: 5810 Locust Shallow Rd
City/State/Zip: Src. CA. 95833	City/State/Zip: Granite bay CA 95746
Phone: 923-5123	Phone: 791-0408 FAX: 791-0444

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

☒ **REROOF** (including tile)
☒ TEAR-OFF
☐ RE-ROOF
☒ HOUSE ☐ GARAGE
SQUARES: 27Ø
Material: 30 year comp-

☐ **SIDING**
☐ wood
☐ T-111
☐ Stucco
☐ vinyl
☐ stucco

Note:
Design Review approval may be required for certain areas.

☐ **HVAC INSTALLATIONS** (residential ONLY)
☐ CHANGE-OUT ☐ NEW
☐ Heat Pump
☐ Package
☐ Split system
☐ Roof mount
☐ Curb
☐ Heat pump or elect. unit to gas
☐ Wall furnace
☐ Other (describe below)

Value of duct work: Rep/present: $
DA-hrs $

Note:
Design Review approval may be required for certain areas.

☐ **WATER HEATER** (residential ONLY)
☐ GAS ☐ ELECTRIC
☐ Change out
☐ Electric to Gas
☐ Relocate
☐ New

☐ **DRY ROT OR TERMITE DAMAGE REPAIR** (Describe locations below)

Note:
Design Review approval may be required in certain areas.

☐ **MINOR ELECTRIC and/or MINOR PLUMBING** (residential ONLY)
☐ Electric Service Change
☐ New electric circuits
☐ Re-wire
☐ Water Service Replacement
☐ Sewer Service Replacement
☐ Gas Line Replacement
☐ Re-pipe
☐ Water ☐ Waste

☐ **PUBLIC UTILITIES SAFETY INSPECTION*** (Residential, not single apartment units ONLY)
☐ SMUD
☐ PGE

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

DESCRIPTION OF WORK: Remove one Composition Re-roof w/ 30 year comp-

Approved for (city initials & date)

SPECIAL DISTRICTS 9167910444 P.2