

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 08/10/2004

RECEIPT NUMBER: R0413431

TRANSACTION DATE: 08/10/2004  
TRANSACTION AMOUNT: 92.21  
NOTATION:

APD #: **0412867**  
SITE ADDRESS: 2800 RIVERSIDE BL SAC  
PARCEL: 012-0104-007

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

ISSUED

AUG 10 2004

Mixed Income Housing  
Fee Program  
??

Sacramento Building Division

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	92.21

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	87.50	.00	87.50
206	City Business Oper Tax	1730	.71	.00	.71
207	Strong Motion (SMI)	1600	.50	.00	.50
259	Technology Surcharge	1750	3.50	.00	3.50

PAID  
CITY OF SACRAMENTO

AUG 10 2004

NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

\*\*\*\*\* Office Use Only \*\*\*\*\* ISSUED

AUG 10 2004 Sacramento Building Division

Permit No: 04-12867 Date Issued: 8/10/04 Total Amount: \$92.21

Please Fill in the Following Site Address: 2800 Riverside Blvd Nature of Work: Repair Garage only

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 C-39 License Number 570771 Date 8/9/04 Signature [Signature]

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 Professional 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. 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 abovementioned property for inspection purposes.

Date 8/9/04 Applicant/Agent Signature [Signature]

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

MM

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 1558737 Expiration Date 7-05

(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 8/9/04 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.



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

Faxed request received in this office before 3:00 p.m. will be processed the following work day.  
 Contractor's 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:

Job Address: <u>2800 Riverside Blvd</u>	RESIDENTIAL <input checked="" type="checkbox"/>	APARTMENTS (4+ units per building) <input type="checkbox"/>	COMMERCIAL (limited) <input type="checkbox"/>
Parcel Number: <u>012-01104-001</u>	Contract Price \$ <u>1285.00</u>	UNR #	
CONTACT PERSON: <u>Mike Murphy</u>	CONTACT PHONE: <u>992-4533</u>		
Property Owner: <u>Sharon Galbraith</u>	Contractor: <u>M. H. Roofing</u>	License # <u>520771</u>	
Address: <u>2800 Riverside Blvd</u>	Address: <u>941 Civedis Ct</u>		
City/State/Zip: <u>San Jose Ca 95128</u>	City/State/Zip: <u>San Jose Ca 95126</u>		
Phone: <u>914 4906</u>	Phone: <u>992-9523</u>	FAX: <u>369-7511</u>	

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

Description of Work: Leavitt Roof Garage only, install 30 yr DM Lam Comp

<input type="checkbox"/> REROOF (including tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # Stores: <u>1</u> Material: <u>30 yr DM Lam Comp</u>	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cat-in <input type="checkbox"/> Heat pump or elect. unit to gas. Value of duct work: \$ Equipment: \$ Culture: \$	<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"/> MINOR ELECTRICAL 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"/> Waller <input type="checkbox"/> Waste
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	*NOTE: Correction Notice items will require an additional building permit. * Design Review approval may be required.

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0412867**  
**Bldg Minor Permit**  
**as of 08-10-2004 Permit Status: READY**

Site Address: 2800 RIVERSIDE BL SAC  
Parcel No: 012-0104-007  
Thomas Bros: 297C7

CONTRACTOR  
M-M ROOFING  
9141 CIRCUS CT  
SACRAMENTO CA 95826  
Phone: 916-369-7511

OWNER  
GALVIN JAMES M/SHARON A  
2800 RIVERSIDE BL  
SACRAMENTO CA 95818  
Phone:

ARCHITECT  
  
  
Phone:

**Nature of Work: RROOF GARAGE W/5 SQS COMP**

Permit Valuation: \$1,785.00  
Square Footage: 0

**Fee Details**

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**TOTAL FEES .....: \$92.21**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: ~~\$92.21~~**

PAID  
CITY OF SACRAMENTO  
AUG 10 2004  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=AUG-10 12:12

END=AUG-10 12:43

FILE NO.=749

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	93697511	012/012	00:12:05

-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

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