1231 I Street, Sacramento, CA 95	814	Insp Area: 2	
		Thos Bros: 336J1	35 TO 1
			100
Site Address: 10 RIVERSTAR CR SA	AC	Sub-Type: RES	73.44
Parcel No: 031-0280-008		Housing (Y/N): N	e Mail
CONTRA COCO	OVER		
CONTRACTOR BENNY JONES ROOFING	<u>OWNER</u> ERIC WINDHEIM	<u>ARCHITECT</u>	10.40
219 BRADY CT	10 RIVERSTAR CR		
SACRAMENTO CA 95820	SACRAMENTO CA 95831		100
Nature of Work: REROOF, TEAR-OFF, 1	RESHEET INSTALL 25 SQ 40 YR DIM L	AM COMP	
CONSTRUCTION LENDING AGENCY: 11 of the work for which this permit is issued (Sec. 3097,		onstruction lending agency for the perfor	mance
Lender's Name	Lender's Address		*. •
LICENSED CONTRACTORS DECLARATI	ON: I hereby affirm under penalty of perjury that	: Lam licensed under provisions of Cha	nter 9
(commencing with section 7000) of Division 3 of the	Business and Professions Code and my license is in fu	ll force and effect.	
License Class 2-39 License Number 675724	Date ? Contractor Signature	3mg -	
OWNER-BUILDER DECLARATION: I her following reason (Sec. 7031.5, Business and Profession any structure, prior to its issuance, also requires the apposite the Contractors License Law (Chapter 9 (commen exempt therefrom and the basis for the alleged exempt penalty of not more than five hundred dollars (\$500.00)	ons Code; any city or county which requires a permit oplicant for such permit to file a signed statement that using with Section 7000) of Division 8 of the Busing tion. Any violation of Section 7031.5 by any application.	to construct, alter, improve, demolish, or he or she is licensed pursuant to the provess and Professions Code) or that he or	repair visions she is
Las a owner of the property or my employees	with wages as their sole compensation, will do the wo	ark and the structure is not intended on a	fforod
for sale (Sec. 7044, Business and Professional Code thereon, and who does such work himself or herself of sale. If, however, the building or improvement is sol not build or improve for the purpose of sale.)	or through his/her own employees, provided that such d within one year of completion, the owner-builder v contracting with licensed contractors to construct the o an owner of property who builds or improves there	n improvements are not intended or offer vill have the burden of proving that he/s	ed for he did ssions
I am exempt under SecB	& PC for this reason:		
DateC	wner Signature		
IN ISSUING THIS BUILDING PERMIT, the appliant measurements and locations shown on the application private agreement relating to permissible or prohibition any improvement or the violation of any private agreement relating to that I have read this application and state the relating to building construction and herby authorize relating to building construction and herby authorize relating to the state of th	ion or accompanying drawings and that the improvented locations for such improvements. This building penent relating to location of improvements. at all information is correct. I agree to comply with epresentative(s) of this city to enter upon the abovements.	nent to be constitucted floor not violate ar ermit does not authorize any illegal locat all city and county ordinances and state	iy law tion of
Date 9-4-81	pplicant/Agent Signature	Jon	25 5 M
WORKER'S COMPENSATION DECLARAT		f the following declarations: for by Section 3700 of the Labor Code,	forthe
IS 1 have and will maintain workers' compensation which this permit is issued. My workers' compensation	on insurance, as required by Section 3700 of the Lab n insurance carrier and policy number are:	or Code, for the performance of the wo	rk for
Carrier EXEL PT	Policy Number	Exp Date	
shall not employ any person in any manner so as to subject to the workers' compensation provisions of Sec	tion 3700 of the Labor Code, I shall forthwith comply	f California and agree that if I should be	sued,I come
Date 9 - 4(- 6)	pplicant Signature 3	<u> </u>	<u></u>
WARNING: FAILURE TO SECURE WORKER'S (CRIMINAL PENALTIES AND CIVIL FINES UP COMPENSATION, DAMAGES AS PROVIDED FOR	COMPENSATION COVERAGE IS UNLAWFUL A TO ONE HUNDRED THOUSAND DOLLARS (\$1	00,000) IN ADDITION TO THE COS	

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Permit No: 0111308

CITY OF SACRAMENTO



FAXED PERMIT APPLICATION (certain restrictions apply) DEVELOPMENT SERVICES DIVISION CITY OF SACRAMENTO

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day. Fax # 916-264-1901

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 quad fee

			CK:	DESCRIPTION OF WORK:
		-	tedan en sousch -	required in certain access
			Design Netter approximation	Design Review approvational pro-
		Design Review approval may be required in certain areas.	Note:	Note:
		Note:	Cut-in: \$	
	□ Water □ Waste		Equipment	Stucco
building permit	∩ Re-nlumb	1	Value of duct work::	O Horiz
Will require an anumous	☐ Gas Line Replacement	(Describe locations below)		OT-111
Correction Notice items	☐ Sewer Service Replacement	DAMAGE REPAIR	Other (describe below)	□ wood
*NOTE:	☐ Water Service Replacement			Charles Control of the Action
	☐ Re-wire		Heat pump or elect.	7
PGE	New electric circuits	☐ Relocate ☐ New	Copin System Roof mount Cut-in	#SQUARES 25
□ SMUD	# amps	☐ Electric to Gas	☐ Package	☐ HOUSE ☐ GARAGE
	Electric Service Change		☐ Heat Pump	X RESHEET
units ONLY)	(residential ONLY)	GAS LECTRIC	(residential ONLY)	⊠ TEAR-OFF
SAFETY INSPECTION* (Residential and single apartment	MINOR PLUMBING	(residential ONLY)	HVAC INSTALLATIONS	REROOF (excluding tile)
PUBLIC UTILITIES	NINOD EL ECTRIC and/or	Indicate from the selections below & provinc actions and	Indicate from the selection	NATURE OF REQUEST:
	er description of work.	nit o marida details und		Phone: 3%
00011000	2-1030 FAX:	Phone: 682		City/State/Zip:
75828	SPLYO	City/State/Zip:	10 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address: CO KIN
Service Andrews	8107 Northern	Address:	Ł	Property Owner:
License # 675725	BRUNY JONES	Contractor:		1
	ACT PHONE:	⇒ CONT	SON: BELLY	⇒ CONTACT PERSON:
	CIPE	C.~ UNIT#	たんとしろうく	OB ADDRESS: /C
	COMMERCIAL (limited)	APARTMENTS (4+ units per building)	RESIDENTIAL APAF	
į	IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MICE.	T, ALL THE FOLLOWING INF	R TO PROCESS THIS REQUES	IN ORDE
ָבֻ	ON LATION MILET BE PROVIDE			(