

CITY OF SACRAMENTO

Permit No: 0517229

1231 I-Street, Sacramento, CA 95814

Insp Area: 2

Thos Bros: 336G1

Site Address: 6985 GLORIA DR SAC

Sub-Type: RES

Parcel No: 031-0320-091

Housing (Y/N): N

CONTRACTOR
GENE SWEHLA
9515 BRADSHAW RD
ELK GROVE, CA 95624

OWNER
MAGDICH FRANK S
6985 GLORIA DR
SACRAMENTO, CA 95831

ARCHITECT

Nature of Work: RE-ROOF, T/O, RESHEET INSTALL 26 SQ'S 30 YR COMP**INPROGRESS INSPECTION REQUIRED**

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.

X License Class 39 License Number 697631 Date 10-28-05 Contractor Signature Gene Swella

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 8 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).

PAID
CITY OF SACRAMENTO

I am exempt under Sec. _____ B & PC for this reason: _____

OCT 28 2005

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.

X Date 10-28-05 Applicant/Agent Signature Gene Swella

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.

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 _____ Policy Number _____ Exp Date _____

X (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 10-28-05 Applicant Signature Gene Swella

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.

Residential

031-0320-091

APPLICATION FOR ~~COMMERCIAL~~ BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
1231 I Street, Suite 200
Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY #	Isnp. Area
0517229	2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6985 Gloria dr. Suite _____
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>697631</u>	
Name <u>Gene Swehla</u>	Street Address <u>9515 Bradshaw rd</u>	Name <u>Gene Swehla</u>	Address <u>9515 Bradshaw rd</u>
City/State/Zip <u>EIK Grove Ca</u>	Phone <u>685-7415</u> FAX _____	City/State/Zip <u>EIK Grove Ca. 95624</u>	Phone <u>685-7415</u> FAX _____
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name <u>Frank S. Magdich</u>	Address _____
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip _____	Phone _____ FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Remove old shake roof install OSB sheathing and reroof with 30 year composition

OCCUPANT/TENANT: Lisa Gayman VALUATION: \$ 8000.

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No