

# IN PROGRESS INSPECTION REQUIRED

Building Permit

**ISSUED**

City of Sacramento



**PLANNING & BUILDING DEPARTMENT**  
BUILDING DIVISION  
(916) 808-BLDG (2534)

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

Permit No: 03-01450  
Date Issued: 2/3/03  
Total Amount: \$ 187.72

FEB 03 2003  
Sacramento Building Division

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 547 Cork River wj  
Nature of Work: remove existing shake & install class B shakes.

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 C39 License Number 595622 Date 5/2/02 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 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).

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 aforementioned property for inspection purposes.

Date 5/2/02 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.

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 713-82602 Expiration Date 10/1/02

(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 5/2/02 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.

# FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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.



**PLANNING & BUILDING DEPARTMENT**  
BUILDING DIVISION  
Fax # (916) 264-1901

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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

Job Address: 547 CORK RIVER WY  
 Parcel Number: 031-0770-066  
 CONTACT PERSON: Michel Chamberlain  
 Property Owner: Ron Pantalone  
 Address: 547 CORK RIVER WY  
 City/State/Zip: SAC 95833  
 Phone: 422-4150 Gate Code 5047  
 Contract Price \$ 12,693  
 CONTACT PHONE: 916-731-7573  
 Contractor: All Pro Rfg License # 9956022  
 Address: 1909 Wadlerga Rd Ste 112 PMB273  
 City/State/Zip: Antelope CA 95823  
 Phone: 772-7120 FAX: 725-8700  
 Unit #

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

Description of Work: remove existing 1-layer shake & install Class B Premium Heavy shakes.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 2 <input type="checkbox"/> GARAGE 3+ Stories Material: <u>Cedar + Class B Heavy Shake</u>	(Residential ONLY) <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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$ * 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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <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.	(Residential ONLY) MINOR ELECTRIC 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"/> Water <input type="checkbox"/> Waste
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CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**\*\*PRELIMINARY\*\***  
**FEE SUMMARY**  
**FOR PERMIT #0301450**  
**Bldg Minor Permit**  
as of 02-03-2003 Permit Status: APPLIED

Site Address: 547 CORK RIVER WY SAC  
Parcel No: 031-0770-066  
Thomas Bros: 336 H1

CONTRACTOR  
ALL PRO ROOFING  
7909 WALERGA RD, SUITE 112 PMB 273  
ANTELOPE, CA 95843  
Phone: 725-7319

OWNER  
PANTALONE RONALD M  
2600 CAPITOL AV STE #3  
SACRAMENTO CA 95816  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work:** T/O,&RROOF 2 STORY HOUSE W/23SQS CEDAR+CLASS B SHOAKES

Permit Valuation: \$12,692.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.64	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$5.08	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek.....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$187.72</b>
		Payments .....	\$0.00
		<b>**PRELIMINARY** BALANCE DUE .....</b>	<b>\$187.72</b>

**PAID**  
CITY OF SACRAMENTO

FEB 03 2003

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICE

MODE = MEMORY TRANSMISSION

START=FEB-02 12:54

END=FEB-02 12:59

FILE NO. =884

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	97258700	006/006	00:04:06

-CITY OF SACRAMENTO

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 264 5987- \*\*\*\*\*  
 Jan 31 03 10:05a All Pro Roofing 916-725-8700 p.1

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Carrier State Fund  
 Policy Number 73-6202 Expiration Date 10/1/02

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