

CITY OF SACRAMENTO

Permit No: 0212501

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297 F5

Site Address: 1715 27TH ST SAC
Parcel No: 007-0342-001

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
MAUCH ROOFING
7845 BAR DU LN
SAC CA

OWNER
CRAIG WATPOUS
1715 27TH ST
SACRAMENTO CA 95818

ARCHITECT

Nature of Work: REMOVE EX.ROOFING,INSTALL NEW SHEATHING, NEW 30YR
COMP.SHINGLES 24SQ SEE DES.REV.COM

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 License Number 718193 Date 9-10-2002 Contractor 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 a ny
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 above-mentioned property for inspection purposes.

Date 9-10-2002 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 0442089801 Exp Date 10/01/2002

(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 9-10-2002 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.

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I am exempt from 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.

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Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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



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

Fax # 916-264-1901

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 quad fee

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

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

JOB ADDRESS: 1715 27th St UNIT # \_\_\_\_\_ ⇒ CONTRACT PRICE \$ 8000.00  
007-0342-001 R3A-SPO - adn Corr - Substr Fort Prescribed Area  
 ⇒ CONTACT PERSON: LEES CRAIG ⇒ CONTACT PHONE: 682-9249

Property Owner: Greg Watrows License # 718193  
 Address: 1715 27th St  
 City/State/Zip: Sacto, CA 95829  
 Phone: 682-9249 FAX: 689-3621

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

<input checked="" type="checkbox"/> <b>PEROOF</b> (excluding tile) <input checked="" type="checkbox"/> <b>TEAR-OFF</b> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # of stories <u>2</u> #SQUARES <u>24</u> Material: <u>Comp DEM</u> <input type="checkbox"/> <b>SIDING</b> <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> floniz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> <b>HVAC INSTALLATIONS</b> (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <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"/> Other (describe below) Value of duct work: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> <b>WATER HEATER</b> (residential ONLY) <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"/> <b>DRY ROT OR TERMITES DAMAGE REPAIR</b> (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> <b>MINOR ELECTRIC and/or PLUMBING</b> (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> <b>PUBLIC UTILITIES SAFETY INSPECTION*</b> (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: Team of Roofing. Install 1/2" OSB wood Sheeting. Paroof top  
rubber underlayment And 30yr Dem Comp 5' height x 1' from Laminated

→ Les Mauch, Mauch Roofing  
**ROOFING QUESTIONNAIRE**  
 Applicant's name: 1715 27<sup>th</sup> Street Phone: (916) 682-9249

Project Address: apn: 007-0342-001; Zone R3A+SPD;  
Sutter's Fort Preservation Area.

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

**1. ROOFING TYPE**

- a.  The existing roofing material is composition <sup>overlaying</sup> shingle, wood shake or shingle, tile or metal. The new roofing material shall be:
- | Existing                 | Proposed                            |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition              |
| <input type="checkbox"/> | <input type="checkbox"/>            | wood shake or shingle                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | tile   |
| <input type="checkbox"/> | <input type="checkbox"/>            | metal that simulates one of the above listed materials |

- a.  The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:
- | Existing                 | Proposed                 |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

**1. GUTTERS**

- a.  The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
  - New fascia gutters shall be provided.
  - Gutters shall be repaired and/or replaced to match existing.
- b.  The existing gutters are Ogee gutters.
- There is no change proposed to existing gutters.
  - New Ogee gutters shall be provided.
  - Gutters shall be repaired and/or replaced to match existing.
- c.  There are no existing gutters.
- No new gutters are proposed.
  - New Ogee gutters shall be provided.

**3. RAFTER TAILS**

- a.  There are no exposed rafter tails.
- b.  There are exposed rafter tails.
- There is no change or cutting proposed to existing rafter tails.
  - Rafter tails shall be repaired and replaced to match existing.

By signing below, the applicant certifies that this form <sup>and comments below L.M.</sup> accurately describes the proposed work.  
 Applicant's signature: Les Mauch Date: 9-10-2002

For City Staff use only Counter Staff: W May 9-10-02

- In a DR District Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

Tear off, resheet, re-roof using 30 yr lam. dim comp. Existing ogee gutters - repair/replace w. same - match existing. No cutting back of eaves. No other work. Okay Preservation Director. Based on above info - no photos. w. W May 9-10-02