

IN PROGRESS INSPECTION REQUIRED

Building Permit

City of Sacramento



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

ISSUED

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

Permit No: 02-17270
Date Issued: 12/4/02
Total Amount: \$ 184.00

DEC 04 2002

Sacramento Building Division

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

Site Address: 7702 TEEKAY WAY
Nature of Work: TEAR OFF 1 LAYER COMP.
INSTALL 20 4R. COMP. 21 SQUARES

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 790945 Date 12/2/02 Signature Marty Gray

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 12/2/02 Owner Signature Marty Gray

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 12/2/02 Applicant/Agent Signature Marty Gray

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:

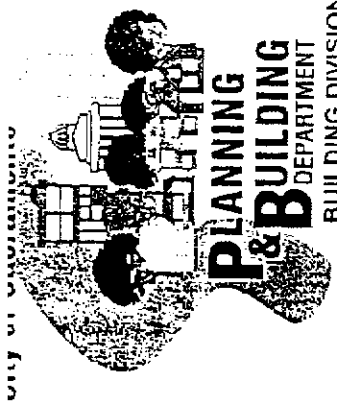
Carrier STATE FUND
Policy Number 385212902 Expiration Date 11/1/2003

(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 12/2/02 Applicant Signature Marty Gray

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 3700 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.

Permits requiring plan review are not eligible for FAXBACK

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

Fax # (916) 264-1901

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

| | | |
|-------------------------------------|---|--------|
| Job Address: 7712 TEAKAY WAY | Contract Price \$ 3,700.00 | Unit # |
| Parcel Number: 053-0122-012 | CONTACT PHONE: 916 781-6850 | |
| CONTACT PERSON: MARTY GRAY | Contractor: ANDERSON ROOFING LICENSE # 190945 | |
| Property Owner: LIE MANIEM | Address: 941 WASHINGTON BLVD #307 | |
| Address: 64 MILITAS CIRCLE | City/State/Zip: ROSELILLE CA 95078 | |
| City/State/Zip: SACRAMENTO CA 95823 | Phone: 916 781-6850 FAX: 916 781-6794 | |
| Phone: 916 429-0106 | | |

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

| | | | |
|--|---|---|---|
| Description of Work: TEAR OFF 1 LAYER COMPOSITION INSULATION 20 YR. COMPOSITION 21 SQUARES | | | |
| <input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE 21 # SQUARES <input type="checkbox"/> GARAGE 3+ # Stories: 1 Material: INSTALL 20 YR COMPOSITION | (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: \$ | (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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Design Review approval may be required. | (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 |
| <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 | | * NOTE: Correction Notice items will require an additional building permit. IFR Fastback Permit updated 12/09/01 | |

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0217270
Bldg Minor Permit
as of 12-03-2002 Permit Status: **APPLIED**

Site Address: 7712 TEEKAY WY SAC
Parcel No: 053-0122-012
Thomas Bros: 337 E4

CONTRACTOR
ANDERSON ROOFING
941 WASHINGTON BL #309
RSVL CA
Phone: 916 781 6850

OWNER
MANTELL UTE MORGENTHAL/WANDA
66 MILPITAS CR
SACRAMENTO CA 95823
Phone:

ARCHITECT
Phone:

Nature of Work: T/O& RROOF 21 SQS 1 STORY HOUSE W/COMP

Permit Valuation: \$3,760.00
Square Footage: 0

| | | | |
|-------------------------|----------|--|-----------------|
| Building Permit | \$175.00 | Water Development Fee: | \$0.00 |
| Strong Motion Fee | \$0.50 | Sewer Development Fee: | \$0.00 |
| City Bus Oper Tax..... | \$1.50 | 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 | | |
| | | TOTAL FEES | \$184.00 |
| | | Payments | \$0.00 |
| | | **PRELIMINARY** BALANCE DUE | \$184.00 |

[Faint, illegible stamp or signature]

MODE = MEMORY TRANSMISSION

START=DEC-03 10:51

END=DEC-03 10:53

FILE NO.=155

| STN NO. | COMM. | ONE-TOUCH/ ABBR NO. | STATION NAME/EMAIL ADDRESS/TELEPHONE NO. | PAGES | DURATION |
|---------|-------|---------------------|--|---------|----------|
| 001 | OK | * | 97816794 | 003/003 | 00:01:17 |

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 264 5987- *****
 Dec 02 02 03:26p Daren Anderson 781-6794 P.2

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 Carrier STATE FUND
 Policy Number 395212912 Expiration Date 11/1/2003

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