

CITY OF SACRAMENTO

Permit No: 0607916

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 278A5

Site Address: 2920 MARYSVILLE BL SAC

Sub-Type: COM

Parcel No: 265-0180-005

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

MUTCHLER BOB/ERIK BROWN
622 WALES DR
FOLSOM, CA 95630

Nature of Work: T/O RESHEET INSTALL 22 SQ 30 YR LAM DIM COMP - 1 STORY - NO GUTTER WORK

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 Date Contractor 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 6-30-06 Owner Signature [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 above mentioned property for inspection purposes.

Date 6-30-06 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 Policy Number Exp Date

(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 6-30-06 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.



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Rhonda Avara Rhonda Avara
(Printed name) (Signature)

Date 5-31-06 Case No. _____ Permit No. 0607916

Job Address 2920 Marysville Bl

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
Development Services Department - Building Division

New City Hall
915 I St., Floor 300
Sacramento, CA 95814
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

ACTIVITY # 060 7916	Isnp. Area
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Applicant MUST complete ALL Unshaded areas

ADDRESS 2920 Marysville Blvd Sac, CA 95815 Suite
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # _____	
Name <u>Eric Brown</u>	Street Address <u>6432 Orange Hill Lane</u>	Name <u>Doing work myself</u>	Address _____
City/State/Zip <u>Sacramento CA 95608</u>	Phone <u>601-8494</u> FAX _____	City/State/Zip _____	Phone _____ FAX _____
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address <u>N/A</u>	Name <u>Eric Brown</u>	Address <u>6432 Orange Hill Lane</u>
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip <u>Sacramento CA 95608</u>	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 roof Replace Sheathing re Roof using 30 year Composition + 30lb Felt
22sq 1 story

OCCUPANT/TENANT: _____ **VALUATION: \$** 4500.

FLOOD STATUS									
JOB DESCRIPTION BLDG <input type="checkbox"/> FIRE <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 MECH <input type="checkbox"/> PLUMB <input type="checkbox"/> ELEC <input type="checkbox"/> SITE <input type="checkbox"/> FIRE <input type="checkbox"/>									
# Stories	1 st flr Area	Total Area	Use/Zone	Deep Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
						SPR	ALARM		
B	L			E		S		D	PW UTIL

COMMENTS:

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

To whom it may concern.

Erk Brown

I _____ give Robert Avara permission to sign for a re-roofing permit for my residence.

Thank you,

Address 2920 Marysville Blvd
Sacto 95815

(916) 601-8494

Erk Brown

