

Flat or 2:12 Pitch or less only  
Building Permit



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

Permit No: 03-18252  
Date Issued: 11/25/03  
Total Amount: \$92,100  
Sacramento Building Division

NOV 25 2003

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

Site Address: 35 PADDLE COURT  
Nature of Work: TEAR OFF ROOF PUT ON CLASS A HOT ASPHALT ROOF

DES REV

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 C-39 License Number 191647 Date 11-21-03 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 3 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 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 abovementioned property for inspection purposes.

Date 11-21-03 Applicant/Agent 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 1700-2003 Expiration Date 1-1-04

(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 11-21-03 Applicant 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.



Fax # (916) 264-1901

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:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 35 Paddis Court Sec Unit # 1  
 Parcel Number: 225-0490-009  
 CONTACT PERSON: MIKE PARSONS  
 Property Owner: SUE KRITCHY  
 Address: 1280 SENECA WAY  
 City/State/Zip: 59c CA 95833  
 Phone: 927-9940  
 CONTRACT PHONE: MIKE PARSONS  
 Contractor: Parsons Roofing License # 191697  
 Address: 6970 Fruitridge RD  
 City/State/Zip: 59c CA 95833  
 Phone: 927-3233 FAX: 927-3833-1400

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

Description of Work: Roof Tear off & Re-roof, Poly OR CLASS A HOT ASPHALT

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE	<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"/> CUHn <input type="checkbox"/> Heat pump or elect. unit to gas.	<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"/> 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
# Stories: <u>2</u> Material: <u>CLASS A HOT ASPHALT</u>	<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	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE <input type="checkbox"/> REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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.

\* Design Review approval may be required.

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NR Faxback Permit updated 12/03/01

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**\*\*PRELIMINARY\*\***  
**FEE SUMMARY**  
**FOR PERMIT #0318252**  
**Bldg Minor Permit**  
as of 11-24-2003 Permit Status: WAITING

Site Address: **35 PADDLE CT SAC**

Parcel No: 225-0490-009

Thomas Bros: 277 C6

CONTRACTOR  
PARSONS ROOFING  
6740 FRUITRIDGE RD  
SAC CA 95820  
Phone: 383-1400

OWNER  
ERLICH SUSAN  
1280 SENIDA WAY  
SACRAMENTO CA 95833  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work:** T/O,&RROOF W/10 SQS CLASS A HOT ASPHALT

Permit Valuation: \$2,820.00

Square Footage: 0

Building Permit .....	\$87.50	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.50	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$1.13	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$3.50	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>\$92.63</b>
		Payments .....	\$0.00
		<b>**PRELIMINARY** BALANCE DUE .....</b>	<b>\$92.63</b>

**PAID**  
**CITY OF SACRAMENTO**

**NOV 25 2003**

**NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES**

MODE = MEMORY TRANSMISSION

START=NOV-25 12:13

END=NOV-25 12:34

FILE NO. =029

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		93831400	003/003	00:05:30

-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

FROM : Parsons Roofing Co

FAX NO. : 9163831400

Nov. 20 2003 09:38AM P2

Flat roof 2:12 Pitch or less only Building Permit



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 Policy Number 1700-2003

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