

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605082
Insp Area: 4
Thos Bros: 277D6

Site Address: 2660 STONECREEK DR SAC
Parcel No: 225-0960-005 UNIT #2692

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

CONTRACTOR
INTERSTATE ROOFING INC
15065 SW 74TH AVE
PORTLAND OR 97224

OWNER
PHEASANT POINTE-215 L L C
9500 S W BARBUR BL
PORTLAND, OR 97219

ARCHITECT

Nature of Work: PAPERLESS, T/O & INSTALL 12 SQ'S OF 30 YR COMP AND REPAIR DECK - IN PROGRESS
INSPECTION REQ'D UNIT #2692

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 774978 Date 11-17 Contractor Signature *Dan Pate*

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 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.)

PAID
CITY OF SACRAMENTO

APR 17 2006

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____ **NEW CITY HALL**

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 _____ 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.

DP 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 NO CALIFORNIA EMPLOYEES 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 4-17-06 Applicant Signature *Dan Pate*

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.

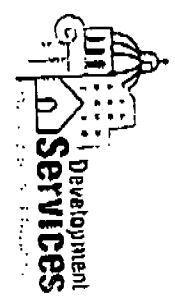
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

PR10001



Fax # 916-808-1901 Downtown Permit Center, New City Hall
9151 Street, 3rd Floor, Sacramento, CA 95814

CITY OF SACRAMENTO
PAID
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
APR 17 2006
NEW CITY HALL
2101 Arena Blvd., Suite 200, Sacramento, CA 95834



Fax # 916-808-8370

Activity # 0505082

FAXED PERMIT APPLICATION
(certain restrictions apply)

Date: 4/10/06

Alena
Faxed request must be received in this office by 5:00 P.M. to be processed the following workday.
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 grand fee.

Job Address: 2660 Stonecreek Dr RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Contact Person: Dave Pate
 Property Owner: Puravent Pointe - 215 LLC #300
 Address: 4500 SW Barber Blvd #300
 City/State/Zip: Portland, OR 97219
 Phone: 503 245-1255
 Unit # 2092 Contract Price \$: 9250
 Contact Phone: 503 453-6938
 Contractor: Interstate Roofing License # 174978
 Address: 15065 SW 7th
 City/State/Zip: Tigard OR 97224
 Phone: 503 684-5611 Fax: 503 639 3056
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: Remove shingles, repair deck, install 1/2" felt, re-roof 30 year dimensional shingles

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Reshake <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>2</u> # Squares: <u>1140</u> Material: <u>CAF 30 yr</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wool <input type="checkbox"/> T-111 <input type="checkbox"/> Floriz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shutter	<input type="checkbox"/> HVAC Installations (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 exs. Value of duct work: Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> Water Heater (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"/> Dry Rot or Termite Damage Repair (Describe Locations Below) * Design Review approval may be required.	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (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"/> 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.
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