

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

Permit No: **0607607**  
Insp Area: **1**  
Thos Bros: **297D3**

Site Address: **517 10TH ST SAC**  
Parcel No: **002-0116-040**

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

CONTRACTOR  
OWNER

OWNER  
STANLEY D BOWERS 2004 TRUST  
13721 FAIR OAKS BL  
CITRUS HEIGHTS, CA 95610

ARCHITECT

Nature of Work: **T/OEXISTING20YRCOMP,INSTALL30YRDIMCOMPTOHOUSE.24SQ'S.IN-PROGRESSINSPECREQ'DOWNER-BUILDER PERMIT.**

**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 **C000010385** 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 improvement, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

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

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: **MAY 25 2006**

X Date **5-25-06** 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.

X Date **5-25-06** 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 \_\_\_\_\_ 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.

X Date **5-26-06** Applicant Signature **Stan Bowers**

**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.**



**PAID**  
CITY OF SACRAMENTO

Development  
**Services**  
We Help Build A Great City

CITY OF SACRAMENTO

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

MAY 25 2006

NEW CITY HALL

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

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

Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: 5/25/06

*Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. 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.*

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM  
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 517 16th St Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
CONTACT INFO Name: Stan Bowers Phone #: 725478 Email: \_\_\_\_\_ Contract Price: 1000.00

Property Owner: <u>Stan Bowers</u>	Contractor:	License #:
Address: <u>1321 Fair Oaks Blvd</u>	Address:	
City/State/Zip: <u>City of Sacramento CA 95810</u>	City/State/Zip:	
Phone: <u>725478</u>	Phone:	
Nature of Work: Provide description of work & indicate type of work in selections below.		
Pre-Registered?	YES	NO
Registration #		

Description of Work: 710 sq ft roof, interior walls, and floor

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage <input checked="" type="checkbox"/> # Stories: <u>2</u> <input checked="" type="checkbox"/> # Squares: <u>24</u> Material: <input checked="" 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"/> 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 gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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 Termit Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or 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.	
Office Use Only:	Parcel #: <u>002-0110-040</u>	Date Received:	Date Issued:	Processor's Initials:	Permit #: <u>0007607</u>



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DEPARTMENT  
BUILDING DIVISION**

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Inspection: (916) 808-4677

**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 Alan Bowers

Date 5-25-06 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address 517 10<sup>th</sup> ST

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



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**ROOFING QUESTIONNAIRE**

Applicant's Name: STAN Bowers Phone: 7254780  
 Project Address: 517 10th ST. Phone: 7254780

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 shingle, wood shake or shingle, tile or metal. The new roofing material will 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 |

b.  The new roofing material will 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 |

*Existing is 20-25 yr. asphalt shingle. This will be removed and replaced with 30 yr. comp. Per applicant Stanley Bowers.*

**2. 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 no existing gutters.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Stan Bowers Date: 7254780

FOR CITY STAFF USE ONLY Counter Staff: \_\_\_\_\_

- 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 a DR or P area