

TRANSMISSION VERIFICATION REPORT

TIME : 05/02/2006 10:02
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085556
 SER.# : BROH4J832840

DATE, TIME	05/02 10:02
FAX NO./NAME	3911115
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

Hope

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0607762
 TRANSACTION DATE: 05/02/2006
 TRANSACTION AMOUNT: 190.47
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 MAY 02 2006
**DOWNTOWN PERMIT
 CENTER**

George

APD #: **0605899**
 SITE ADDRESS: 1110 RUDGER WY SAC
 PARCEL: 225-0990-010

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

Mixed Income Housing
 Fee Program
 ??

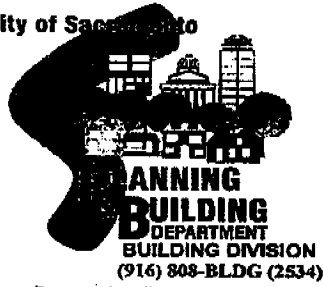
TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Check		190.47

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.00	.00	3.00
207	Strong Motion (SMI)	1600	.75	.00	.75
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento



Building Permit

ISSUED

***** Office Use Only ** CITY OF SACRAMENTO

Permit No: _____
Date Issued: _____
Total Amount: _____
Insp Area #: _____

MAY 02 2006
DOWNTOWN PERMIT
CENTER

Inspection Request # (916) 264-7622

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

Site Address: 1110 Rudder Wy Sacto 95833
Nature of Work: 1 1/2 Layer Cedar Shake Gopack w/ 7/8 OSB & 5/8" Owens Corning Comp.

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 869977 Date 4-27-06 Signature John M. Hope

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 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 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/hier 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 4-27-06 Applicant/Agent Signature J.M. Hope Roofing

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 _____ Expiration 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 4-27-06 Applicant Signature John M. Hope

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.

PBF10004



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: J.M. Hope Roofing Phone: (916) 670-3557
Project Address: 1110 Rudder Wy Sacto 95833 Phone: (916) 847-9830

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 shall be:

- | | | |
|-------------------------------------|-------------------------------------|--|
| Existing | Proposed | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 50 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 20 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 existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall 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 |

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. Rafter tails shall be repaired and replaced to match existing.

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

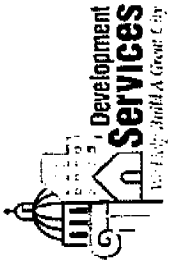
Applicant's signature: John M. Hope Date: 4-27-06

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



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 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



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

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

Fax # 916-808-8370

Activity # _____

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Date: 4-27-06

Faxed 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. Notes: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for FAXBACK

CREDIT CARD INFORMATION ON FILE? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 1110 Budget Way Unit # _____ Contract Price: \$7500.00

Contact Person: John M. Hope Contact Phone: 916-670-3557
 Property Owner: John Ramey Contractor: J.M. Hope Roofing License # 8699777
 Address: Same Address: 56 Storz Rd

City/State/Zip: Same City/State/Zip: Sacto CA 95823
 Phone: (916) 847-9830 Phone: (916) 670-3557 Fax: (916) 391-1115

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

Description of Work: Hoff Layer Shake gable w 7/6 OSB & 50yr. comp. 0605899

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>20</u> Material: <u>50yr Comp</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco *Design Review approval may be required.	<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: \$ _____ *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 Termitte 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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