

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0517759

Insp Area: 1
Thos Bros: 297J4

Site Address: 154 FALLON LN SAC
Parcel No: 004-0091-010

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

CONTRACTOR
METRO ROOFING
3841 ELM ST
SACRAMENTO, CA 95838

OWNER
MULHERN MICHAEL J/CYNTHIA A
154 FALLON LN
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: PAPERLESS, T/O & REROOF 28SQ'S WITH 40YR DIM LAM 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 742267 Date 11/8/05 Contractor Signature [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 license contractor 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).

PAID
CITY OF SACRAMENTO
NOV 18 2005

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

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 11/08/2005 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:

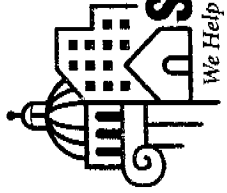
B Carrier NO EMPLOYER Policy Number _____ Exp Date _____

(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 11/8/05 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 Request: 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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 11-8-05

004-0091-010
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 these areas (additional forms may be required)

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

Job Address: 154 Fallon Lane Sacramento Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Contract Price \$6,467

CONTACT INFO Name: _____ Phone #: _____ Email: _____	
Property Owner: <u>Mr. Mothern</u>	Contractor: <u>Metro Roofing</u> License #: <u>742867</u>
Address: <u>154 Fallon Ln.</u>	Address: <u>801 Sunset Ave</u>
City/State/Zip: <u>Sacramento CA</u>	City/State/Zip: <u>West Sacramento CA 95605</u>
Phone: <u>487-8013</u>	Phone: <u>913-4153</u> Fax: _____
Nature of Work: Provide description of work & indicate type of work in selections below.	Pre-Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO Registration # _____

Description of Work: _____

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>2</u> # Squares: <u>288</u> Material: <u>40-year Gomp</u> <input checked="" type="checkbox"/> Siding <u>Dimensional</u> <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 Termitite 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 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.
Office Use Only: _____	Parcel #: _____	Date Received: _____	Date Issued: _____	Processor's Initials: _____
				Permit #: _____