

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0518096
Insp Area: 2
Thos Bros: 317B5

Site Address: 1260 35TH AV SAC
Parcel No: 024-0166-001

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

CONTRACTOR
ALTA CAL ROOFING
2720 DANUBE AV
DAVIS CA 95616

OWNER
NELSON DOUGLAS S/NINA O
1260 35TH AV
SACRAMENTO, CA 95822

ARCHITECT

Nature of Work: T/O RE-ROOF RE-SHEET 29 SQS & INSTALL 30 YR COMPOSITION

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 729314 Date 11-15-05 Contractor Signature Ronald J Bell

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 works with a contractor(s) licensed pursuant to the Contractors License Law).

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

Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
NOV 15 2005

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 11-15-05 Applicant/Agent Signature Ronald J Bell

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:

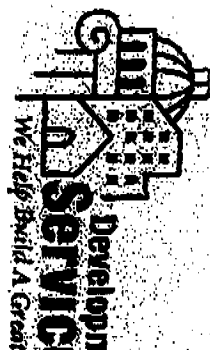
Carrier NO EMPLOYEES Policy Number _____ Exp Date _____

(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 11-15-05 Applicant Signature Ronald J Bell

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: 1-916-808-5556 OR 1-888-EZ
 Inspection Request: 1-916-808-76

PAID

NOV 15 2005

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

North Permit Center
 2101 Avenue Blvd, Suite 200
 Sacramento, CA 95834

MINOR PERMIT APPLICATION

NEW CITY

Date: 11/14/05

05180910

Permit/web req be received in this office by 3:00 P.M. to be processed the following day. Contractors must have a current certificate of Compensation Insurance. Note: Work started before a Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINORITY PROGRAM

DESIGN REVIEW AND PRESERVATION APPROVAL MAY BE REQUIRED IF JOB ADDRESS IS LOCATED IN A HISTORIC DISTRICT (ADDITIONAL FORMS MAY BE REQUIRED)

Job Address:

1260 35th St

RESIDENTIAL

APARTMENTS (4+ units per 1

COMMERCIAL (limited)

9095-00

CONTACT INFO Name: MUKER

Phone #: 800-956-1996

Contract Price

9095-00

Property Owner: Mrs. M

Contractor: Alh. EOSTING

License #: 729314

Address: 1260 35th St

Address: 2988 DORSET

95692

City/State/Zip: SAC, CA 95822

City/State/Zip: RE, CA 95692

Fax: SAME

Phone: 916-428-3592

Phone: 800-956-1996

Registration #

Nature of Work: Provide detail & indicate type of work in selections below.

Pre-Registered? NO Registration #

Description of Work: 3048-OWENS CDRA
 3048-OWENS CDRA
 TEAR SHAKES, FEETBALL & INCH SHEET, INSTALL 30 YEAR COMPOSITE

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 1 # Squares: 29 Material: COMPOSITE <input type="checkbox"/> Sliding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shuoco	<input type="checkbox"/> Installations (Residential Only) <input type="checkbox"/> New <input type="checkbox"/> Pump <input type="checkbox"/> Pump <input type="checkbox"/> System <input type="checkbox"/> Mount pump or elect. unit to gas furnace or (describe below) duct work: ft \$	<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"/> Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Service Change <input type="checkbox"/> # <input type="checkbox"/> Electric circuits <input type="checkbox"/> e	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	Office Use Only:	Parcel:	Date Received:	Date Issued:	Inspector's Initials:	Permit #:
					<input type="checkbox"/> Dry Rot or Termitic Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Dry Rot or Termitic <input type="checkbox"/> Damage Repair <input type="checkbox"/> Service Replacement <input type="checkbox"/> Replacement <input type="checkbox"/> B <input type="checkbox"/> Waste	* NOTE * Correction Notice items will require an additional building permit.			