

IN PROGRESS INSPECTION REQUIRED

City of Sacramento



BUILDING DIVISION
(916) 808-BLDG (2534)

***** Office Use Only *****

ISSUED

Permit No: 0208090
Date Issued: 6/19/02
Total Amount: 194.02

JUN 19 2002

Sacramento Building Division

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

Site Address: 2317-2323 J St/pt
Nature of Work: Re-roof with Built-up roofing
of stories 2, 55 squares

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 604832 Date 6-18-02 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 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/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 described in Section 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: _____

PAID
CITY OF SACRAMENTO

JUN 19 2002

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the accuracy of the information provided by 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 above-mentioned property for inspection purposes.

Date 6-18-02 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 _____ 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 6-18-02 Applicant 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.

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.



BUILDING DEPARTMENT

BUILDING DIVISION
Fax # (916) 264-1901

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) 40

Job Address: 2317-2323 J Street	Contract Price \$ 19,700	Unit #
Parcel Number: 007-0045-019	CONTACT PHONE: 870-4555 / 247-9255	
CONTACT PERSON: Tony Faryure / Joe Kalka	Contractor: NAC-CAL ROOFING License # 087832	
Property Owner: Mohinder Kys	Address: 3569 Recycle Rd #6	
Address: 1177 Thero Way	City/State/Zip: Sacramento CA 95772	
City/State/Zip: SAC CA 95772	Phone: 361-7663	
Phone: 449-9481	FAX: 361-7663	

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: Remove and replace Built-up roofing.

<p><input checked="" type="checkbox"/> REROOF (excluding tile)</p> <p><input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET</p> <p><input type="checkbox"/> HOUSE # SQUARES 3+</p> <p><input type="checkbox"/> GARAGE</p> <p># Stories: <u>3+</u></p> <p>Material: <u>Built-up roofing</u></p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> HVAC INSTALLATIONS</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT</p> <p><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"/> Fire Place Insert <input type="checkbox"/> Other (describe below)</p> <p>Value of duct work: Equipment: \$ Cut-in: \$</p> <p>* Design Review approval may be required.</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> WATER HEATER</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR</p> <p><input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudstall/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required.</p> <p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E</p> <p>*NOTE: Connection Notice Items will require an additional building permit.</p>
<p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco</p>	<p>(Residential ONLY)</p> <p>MINOR ELECTRIC and/or MINOR PLUMBING</p> <p><input type="checkbox"/> Electric Service Change # amps</p> <p><input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste</p>	

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

****PRELIMINARY**
FEE SUMMARY
FOR PERMIT #0208090**

**Bldg Minor Permit
as of 06-19-2002 Permit Status: APPLIED / ISSUED**

Site Address: 2317 I ST SAC
Parcel No: 007-0025-019
Thomas Bros: 297 F4

CONTRACTOR
NOR CAL ROOFING
8322 YVONNE WY
FAIR OAKS CA 95628
Phone: 916-368-7663

OWNER
RYE MOHINDER S/NARNJAN K
1172 THEO WY
SACRAMENTO CA 95822
Phone:

ARCHITECT

Phone:

Nature of Work: REROOF-TEAR OFF INSTALL 55 SQ BUILT UP ROOFING.

Permit Valuation: \$19,700.00
Square Footage: 0

Building Permit	\$175.00	Water Development Fee	\$0.00
Strong Motion Fee	\$4.14	Sewer Development Fee	\$0.00
City Bus Oper Tax.....	\$7.88	Regional Sanitation Fee	\$0.00
Technology Fee	\$7.00	Pocket Area Road	\$0.00
Housing Surcharge	\$0.00	SAFCA Fee.....	\$0.00
Res Const Tax.....	\$0.00	North Natomas.....	\$0.00
Penalty Fee.....	\$0.00	FBA-Jacinto Creek.....	\$0.00
Inspections	\$0.00	Refund	\$0.00
Replace Cards	\$0.00		
Renewal Fee.....	\$0.00	Additional Fees	\$0.00
Water Meter Fee	\$0.00		
		TOTAL FEES.....:	\$194.02
		Payments.....	\$0.00

****PRELIMINARY** BALANCE DUE: \$194.02**

PAID
CITY OF SACRAMENTO
JUN 19 2002
NEIGHBOURHOODS PLANNING
AND DEVELOPMENT SERVICES

SENDING REPORT

Jun. 19 2002 09:54AM

YOUR LOGO :
YOUR FAX NO. :

NO.	OTHER FACSIMILE	START TIME	USAGE TIME	MODE	PAGES	RESULT
01	93617663	Jun. 19 09:52AM	02'38	SND	03	OK

TO TURN OFF REPORT, PRESS 'MENU' #04 SET.
THEN SELECT OFF BY USING 'JOG-DIAL'.

FOR FAX ADVANTAGE ASSISTANCE, PLEASE CALL 1-800-HELP-FAX (435-7329).