

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0517750
Insp Area: 1
Thos Bros: 297E3

431
Site Address: 417 16TH ST SAC
Parcel No: 002-0133-022

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

CONTRACTOR
DINYARI CONSTRUCTION INC.
500 PHELAN AV
SAN JOSE CA. 95211

OWNER
TANNENBAUM FAMILY TRUST
431 16TH ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: PAPERLESS, INSTALL CARLISLE 60 MIL MEMBRANE ROOFING OVER BUR-IN PROGRESS INSPECTION REQUIRED

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 566564 Date 11/18/05 Contractor Signature Daniel C...

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, who build or improve 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 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).

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 11/18/05 Applicant/Agent Signature Daniel C...

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.

DC 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 CALIFORNIA INS. CO. Policy Number 460078540102 Exp Date 10/01/2006

(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 11/18/05 Applicant Signature Daniel C...

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: 11-8-2005

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: 431 16 Blvd St Blde Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: Dingari Inc Unit # _____ Contract Price 16500
 Property Owner: Mart Tenenbaum Address: 500 Phelan Ave License #: 566524
 Address: Same City/State/Zip: 95814 City/State/Zip: SAN JOSE CA 95129
 City/State/Zip: 95814 Phone: 408-289-5400 Phone: 408-289-5400 Fax: _____
 Phone: 444-7805 Pre-Registered? YES NO Registration # _____
 Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: INSTALL CARLISLE LED MLL Membrane roofing over BUR

<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: <u>1</u> # Squares: <u>476</u> Material: _____ <input 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 Termitte 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.
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Office Use Only: Parcel #: 002-0133-022 Date Received: 11-8-2005 Date Issued: _____ Processor's Initials: _____ Permit #: _____

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: Danelle Giusti Phone: 257-5408

Project Address: 431 16th Street Phone: _____

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 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 simulated 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Built up
<input type="checkbox"/>	<input type="checkbox"/>	Foam
<input type="checkbox"/>	<input checked="" 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: Danelle Giusti Date: 11/18/05

FOR CITY STAFF USE ONLY

- In a DR District, Meets DR criteria? Yes No (route to DR staff) DRU
 In a P area or listed (route to P staff)
 Not in a DR or P area