

TRANSMISSION VERIFICATION REPORT

TIME : 03/28/2006 10:24  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 03/28 10:23  
 FAX NO./NAME 93491414  
 DURATION 00:00:54  
 PAGE(S) 04  
 RESULT OK  
 MODE STANDARD  
 ECM

*Adw*

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

**ISSUED  
 CITY OF SACRAMENTO**

**MAR 28 2006**

**DOWNTOWN PERMIT  
 CENTER**

RECEIPT NUMBER: R0604852  
 TRANSACTION DATE: 03/28/2006  
 TRANSACTION AMOUNT: 205.77  
 NOTATION:

APD #: **0604079**  
 SITE ADDRESS: 18 LAS POSITAS CR SAC  
 PARCEL: 031-0500-013

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

Mixed Income Housing  
 Fee Program  
 ??

**TRANSACTION LIST**

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	205.77

**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	8.63	.00	8.63
207	Strong Motion (SMI)	1600	2.16	.00	2.16
213	General Plan Surcharge	1760	12.98	.00	12.98
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

**PAID**

City of Sacramento



**PLANNING BUILDING DEPARTMENT**  
BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes  No

**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.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information

MUST be provided:

*Fax Back*

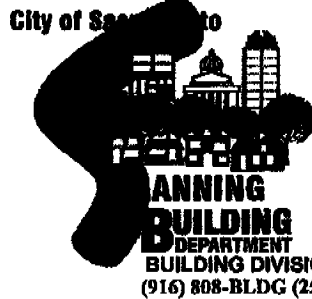
RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 18 LAS POSITAS CIRCLE SACRAMENTO 95831 Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_  
 CONTACT PERSON: Ethan O'Hagan, Cal State Roofing  
 CONTACT PHONE: (916) 349-7541  
 Property Owner: ROBIN/RANDY OHARA License # 833393  
 Address: 18 LAS POSITAS CIR.  
 City/State/Zip: SACRAMENTO, CA 95831  
 Phone: \_\_\_\_\_ FAX: (916) 349-1414

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

Description of Work: TEAR OFF 44' x 44' WOOD SHAKE, INSTALL 7/16" OSB, INSTALL 30# ROOFING FELT  
INSTALL 44' x 44' LIFE TIME DIMENSIONAL COMPOSITION SHINGLES

<input checked="" type="checkbox"/> REROOF (excluding tile) TEAR-OFF RESHHEET <input checked="" type="checkbox"/> HOUSE 44 # SQUARES <input type="checkbox"/> GARAGE # Stories <u>1</u> <input type="checkbox"/> 2 <input type="checkbox"/> 3+ Material: <u>OSB, 30# FELT</u> <u>COMP SHINGLES</u>	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Charge-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <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.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <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
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**Building Permit**

\*\*\*\*\* Office Use Only \*\*\*\*\* **ISSUED** \*\*\*\*\*

**CITY OF SACRAMENTO**

Permit No: \_\_\_\_\_  
 Date Issued: \_\_\_\_\_ **MAR 28 2006**  
 Total Amount: \_\_\_\_\_  
 Insp Area #: \_\_\_\_\_ **DOWNTOWN PERMIT**

**CENTER**

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

Inspection Request # (916) 264-7622

Site Address: 18 LAS POSITAS CIRCLE  
 Nature of Work: RE ROOF

~~\*\*\*\*\*  
 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. 3697, 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 B / c39 License Number 833393 Date \_\_\_\_\_ 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 (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 above mentioned property for inspection purposes.

Date 3/23/06 Applicant/Agent Signature Ed Anderson

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 3/23/06 Applicant Signature Ed Anderson

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.

### ROOFING QUESTIONNAIRE

*ED ANDERSON*

Applicant's name: Ethan O'Hagan, Cal State Roofing Phone: (916) 349-7541

Project Address: 18 LAS POSITAS CIRCLE SAC 95831

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"/> | 30-year laminated dimensional composition wood shake or shingle |
| <input checked="" 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. (If located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
- 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.  There are exposed rafter tails.

- There is no change or cutting proposed to existing rafter tails.
- Rafter tails shall be repaired and replaced to match existing. (If checked and project address is in any DR area route to DR staff).

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

Applicant's signature: *Ed Anderson* Date: 3/23/06

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 DR/P area