

TRANSMISSION VERIFICATION REPORT

TIME : 08/17/2005 08:44
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 08/17 08:43
FAX NO./NAME 96820867
DURATION 00:01:12
PAGE(S) 02
RESULT OK
MODE STANDARD

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

COPY 08/17/2005

RECEIPT NUMBER: R0515234

TRANSACTION DATE: 08/17/2005
TRANSACTION AMOUNT: 190.25
NOTATION:

APD #: **0512451**
SITE ADDRESS: 26 PENASCO CT SAC
PARCEL: 262-0332-010

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

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		190.25

ISSUED

AUG 17 2005

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
	Current Pymt		

Sacramento Building Division

City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

AREA 4 ISSUED

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

Permit No: 0512451 Date Issued: 8/17/05 Total Amount: 190.25

AUG 17 2005 Sacramento Building Division

DP

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

Site Address: 26 Penasco Ct. Nature of Work: Re roof with 30 yr. 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: 793951 Date: 8/16/05 Signature: Jesus Puzos

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 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 abovementioned property for inspection purposes.

Date: 8/16/05 Applicant/Agent Signature: Jesus Puzos

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: Estate Fund Workers Comp Insurance Policy Number: 1820120-05 Expiration Date: 2-1-106

(This section need not be completed if the permit is for 5100 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: 8/16/05 Applicant Signature: Jesus Puzos

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) *Expanded North*

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.

05192451

Permits requiring plan review are not eligible for FAXBACK

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

Fax # (916) 264-1901

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

Job Address: 26 Penasco St SAC CA 95825 Unit # _____

Parcel Number: 262-0332-010 Contract Price \$ 7055.00

CONTACT PERSON: TESUJ CONTRACT PHONE: 719 6944

Property Owner: Richard A. Cortopassi Contractor: Contractor License # 783951

Address: 9170 Coldeira Way City/State/Zip: SAC CA 95825 Phone: 916 682-0867

City/State/Zip: SAC CA 95825 Phone: 916 682-0867

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

Description of Work: glass Dimensional Shingles. T/B install 7/16 OSB Plywood with 30 yr Fiber

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES <u>2</u> GARAGE # SQUARES <u>3+</u> Stories: <u>2</u> Material: <u>30 yr Comp</u>	<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"/> Out-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) value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <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"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Studs <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) <input type="checkbox"/> 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 (NR Faxback Permit updated 12/09/01)

Design Review approval may be required.

Please fillout, sign, and fax back

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-264-6666 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4977



Downtown Permit Center 1-916-264-6607
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: Richard A Cortopassi Phone: 369-8709

Project Address: 26 Pevaso Ct. Phone: 682-0867
Fax: 682-0867

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

Existing
 Proposed

10 year laminated dimensional composition

Wood shake or shingle

Tile

metal that simulates one of the above listed materials

b. The existing roofing material is built up, felt or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

Existing Proposed

Existing
 Proposed

built up

mem

membrane

California Commercial & Residential Roofing
LLC 9739951
7769 24th Street,
Sacramento, CA. 95822
Tel: (916) 399-8316

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: [Signature] Date: 8/16/05

FOR CITY STAFF USE ONLY

Expanded Area
 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 a DR or P area

Counter Staff MES