

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509649

Insp Area: 1

Thos Bros: 297E3

Site Address: 520 19TH ST SAC

Parcel No: 003-0122-014

CENTRAL CITY DRD

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

WOLEN ELLIA
520 19TH ST
SACRAMENTO, CA 95814

Nature of Work: PAPERLESS-INPROGRESSINSPECTIONREQUIRED-TEAROFF RESHEET, REROOFW/14SQ30YRLAMDIMCOMP TWO STORIES

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 License Number Date Contractor 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 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 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 7-06-05 Owner Signature Miguel Ramos / For ELLIA WOLEN

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 plans 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 improvement.

I certify that I have read this application and state that all information is correct and 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 7-06-05 Applicant Signature Miguel Ramos / For ELLIA WOLEN

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 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 07-06-05 Applicant Signature Miguel Ramos / For ELLIA WOLEN

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.



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: 07-06-05

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: 520 19th St Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited use)
 CONTACT INFO Name: Ellia Valen / Miguel Ramos Phone #: (916) 930-8940 Email: Contract Price \$ 8,200

Property Owner: Ellia Valen Contractor: _____ License #: _____
 Address: 520 19th St Address: _____
 City/State/Zip: Sacramento, CA 95814 City/State/Zip: _____

Phone: 916 Phone: _____ Fax: _____
 Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: In progress Insp. req. To Re-set w/14 sq 30yr Jan Drain Camp

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>02</u> # Squares: <u>14</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"/> 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.
Office Use Only: Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #: <u>0509649</u>


POWER OF ATTORNEY

To the City of Sacramento, and To Whom It May Concern:

I, Ellia Wolen, the undersigned do hereby duly appoint the following named person, Miguel Ramos ("Mar Construction") to act as my attorney in fact, to sign all papers and documents and collect all information that may be necessary in order to secure all necessary permits, and process all inspections for the property located at 520 19th Street, Sacramento, CA 95814 (Parcel #003-0122-014-0000).

I agree to indemnify and hold harmless the State of California, and all its officers, agents and employees, from any and all liability arising from the acquisition of all necessary information and all required permits by Miguel Ramos ("Mar Construction") pursuant to this Power of Attorney.

Signed


Ellia Wolen

Date

7-5-05

PAID
CITY OF SACRAMENTO
JUN 06 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 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

ROOFING QUESTIONNAIRE

Applicant's Name: ELLIA WOLIN, Miguel Ramos, Phone: (916) 420-0840
Project Address: 520 19th St., 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. [X] The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:
Existing Proposed
[] [X] 30 year laminated dimensional composition
[] [] Wood shake or shingle
[] [] Tile
[] [] Metal that simulates one of the above listed materials
b. [] The new roofing material will be:
Existing Proposed
N/A [] [X] Built up
[] [] Foam
[] [] 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.
[X] 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.
[X] New Ogee gutters shall be provided.

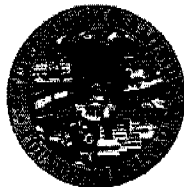
- 3. RAFTER TAILS
a. [X] There are no exposed rafter tails.
b. [] There are no existing gutters.

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JUN 06 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

By signing below, the applicant certifies that this form accurately describes the proposed work.
Applicant's signature: [Signature] Date: 07-05-05

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 a DR or P area



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do: N/A

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Miguel Roman / For owner 8242 WCLAW

Date 07/06/05 Case No. _____ Permit No. 0501649

Job Address 520 19th Ave.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.