

CITY OF SACRAMENTO
New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Permit No: 0615669
Insp Area: 4
Thos Bros: 277B5

Site Address: 2888 BARONET WY SAC
Parcel No: 225-0773-017

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

CONTRACTOR
OWNER BUILDER

OWNER
DEWATTEVILLE CHARLES R/ELEONORE
2888 BARONET WY
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: PAPERLESS, TEAR OFF, AND INSTALL 28 SQ'S OF 30 YR COMP-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).

PAID
CITY OF SACRAMENTO

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.

OCT 06 2006

License Class _____ License Number 0 _____ Date _____ Contractor Signature _____ **NEW CITY HALL**

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 10/6/06 Owner Signature *Charles Dewatteville*

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 _____ 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:

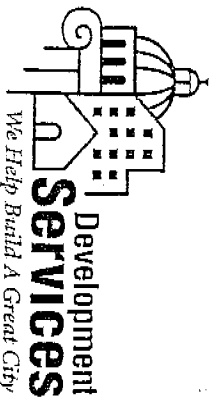
Carrier _____ Policy Number _____ Exp Date _____

_____, (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 _____ 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.



CITY OF SACRAMENTO

PAID

CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5666 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

OCT 06 2006

New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

NEW CITY HALL

Fax # 916-808-1901

MINOR PERMIT APPLICATION

Date: 10-6-06

Oliver
 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.

Oliver
 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: 2888 Barnef Way Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

CONTACT INFO Name: Charles de Waffeville Unit # 1 Contract Price \$5,500.00

Property Owner: Charles de Waffeville Phone #: 916 359-2015 Email: cdeu82@aol.com

Address: 2888 Barnef Way Contractor: _____ License #: _____

City/State/Zip: Sac, CA 95833 City/State/Zip: _____

Phone: 916-359-2015 Phone: _____ Fax: _____

Nature of Work: Provide description of work & indicate type of work in selections below.

Pre-Registered?	YES	NO	Registration #
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Description of Work: Re roof

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 1 # Squares: 2730 sq ft Material: 30 yr Comp <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 Termitie <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Struds <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.	Office Use Only: Parcel # 225-0773-043 Date Received: 10-6-2006 Date Issued: _____ Processor's Initials: _____ Permit #: _____
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**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:

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

Name Mike Thiek Phone (916) 736-0605
Address _____
Type of Work supervise

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 CR DeWatts
Date 10/6/06 Case No. _____ Permit No. 0615669
Job Address 2888 Baronet Way

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



CITY OF SACRAMENTO

www.cityofsacramento.org

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

Applicant's Name: Charles de Waffeville Phone: 916 359-2015
Project Address: 2888 Baronet Way Phone: 916 359-2015

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 will be:

- Existing Proposed
[checked] [checked] 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
[] [] Built up
[] [] Foam
[] [] Membrane

2. GUTTERS

- a. [checked] The existing gutters are fascia gutters.
[] There is no change proposed to existing gutters.
[] New fascia gutters shall be provided.
[checked] 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 no existing gutters.

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

Applicant's signature: [Signature] Date: 10/6/05

FOR CITY STAFF USE ONLY Counter Staff: [Signature]

- [checked] In a DR District. Meets DR criteria? [checked] Yes [] No (route to DR staff)
[] In a P area or listed (route to P staff)
[] Not in a DR or P area