

CITY OF SACRAMENTO

Permit No: 0612288

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 277B4

Site Address: 3191 CLOUDVIEW DR SAC

Sub-Type: RES

Parcel No: 225-0853-003

Housing (Y/N): N

CONTRACTOR  
BOYCE'S ROOFING  
59 RALEIGH CT  
ROSEVILLE CA 95678

OWNER  
WILSON JUSTIN/ERIN  
3191 CLOUDVIEW DR  
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: REROOF, TEAR-OFF RESHEET APPLY 30 YR COMP ON 1 STORY SFR 27 SQUARES

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 792114 Date 8-10-06 Contractor Signature [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 \_\_\_\_\_ 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 8-10-06 Applicant/Agent Signature [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:

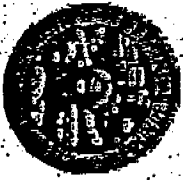
Carrier STATE COMP INS FUND Policy Number 1854603 Exp Date 06/01/2007

(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 8-10-06 Applicant Signature [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**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-908-6866 OR 1-888-EZ-PERMIT  
 Inspection: 1-916-906-7822

Fax # 916-908-1801 Downtown Permit Center, New City Hall  
 915 I Street, 3<sup>rd</sup> Floor, Sacramento, CA 95814

North Permit Center  
 2101 Arco Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-908-8370

Activity # DL2288

**FAXED PERMIT APPLICATION**  
 (certain restrictions apply)

Date: 8-10-06

*Faxed request must be received in this office by 3:00 P.M. to be processed the following working day.  
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

*Note: Work started before a Building Permit is issued will be subject to a civil fine.*

**IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:**

Job Address: 3191 Cloudveiw DR.  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)   
 Contact Person: Tim Tafolla Unit # \_\_\_\_\_ Contract Price \$ 8,700  
 Property Owner: Justin Wilson Contact Phone: 916-276-3141  
 Address: 3191 Cloudveiw DR. Contractor: Boyes Ratin License # 792114  
 City/State/Zip: Sac Address: 59 Raleigh Ct  
 Phone: 916-412-1485 City/State/Zip: Roseville Ca 95678 Phone: 916-773-3927 Fax: same

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).  
 Description of Work: DROR DMP

Reroof (excluding tile)  
 Tear Off  
 Reshield  
 House  Garage  
 # Stories: 1  
 # Squares: 27  
 Material:  
 Siding  
 Wood  
 T-111  
 Horiz  
 Vinyl  
 Stucco  
 \*Design Review approval may be required.

HVAC Installations (Residential Only)  
 Change-out  New  
 Heat Pump  
 Package  
 Split system  
 Roof mount  
 Cut-in  
 Heat pump or elect. unit to gas.  
 Wall furnace  
 Other (describe below)  
 Value of duct work: \_\_\_\_\_  
 Equipment: \$ \_\_\_\_\_  
 Cut-in: \$ \_\_\_\_\_  
 \*Design Review approval may be required.

Water Heater (Residential Only)  
 Gas  Electric  
 Change-out  
 Electric to Gas  
 Relocate  
 New  
 Dry Rot or Termites  
 Damage Repair (Describe Locations Below)  
 \*Design Review approval may be required.

Minor Electric and/or Minor Plumbing (Residential Only)  
 Electric Service Change # amps  
 New electric circuits  
 Re-wire  
 Water Service Replacement  
 Sewer Service Replacement  
 Gas Line Replacement  
 Re-plumb  
 Water  Waste

Public Utilities Safety Inspection (Residential and single apartment units Only)  
 SMUD  
 PG&E  
 NOTE:  
 Correction Notice items will require an additional building permit.