

CITY OF SACRAMENTO

Permit No: 0604134

1231 I Street, Sacramento, CA 95814

PAID Insp Area: 1
CITY OF SACRAMENTO Thos Bros: 297F6

Site Address: 1914 28TH ST SAC
Parcel No: 010-0052-013

MAR 28 2006 Sub-Type: RES
Housing (Y/N): N

NEW CITY HALL ARCHITECT

CONTRACTOR
DAVID W BRAZIL ROOFING INC
1205 EAST PINE STREET
LODI, CA 95240

OWNER
RIVER CITY RECOVERY FOUNDATION
500 22ND ST
SACRAMENTO, CA 95816

Nature of Work: PAPERLESS- Reroof, tear off & install 18sq 30yr dim lam comp. Repair/Replace bry-rot siding like for like.
INPROGRESS 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).

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 C39-13 License Number 866497 Date 3-29-06 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3-29-06 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 COMPENSATION INSURANCE F Policy Number 713-0007993 Exp Date 10/01/2006

(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 3-29-06 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

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: David W Brazil Roofing Inc Phone: 209 333-7349

Project Address: 1914 28th St Phone: C 209 993-2297

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] [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
[] [] 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. [X] The existing gutters are Ogee gutters.
[] There is no change proposed to existing gutters.
[] New Ogee gutters shall be provided.
[X] 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.

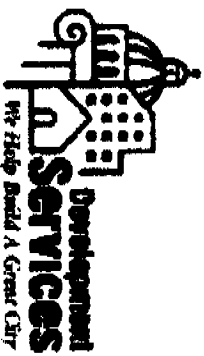
Applicant's signature: [Signature]

Date: March 28th

FOR CITY STAFF USE ONLY

Counter Staff: [Signature]

- [X] In a DR District. Meets DR criteria? [X] 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
 www.cityofsacramento.org
 Help Line: 1-916-808-5028 OR 1-800-629-9881
 Inspection Request: 1-916-808-7822

Downtown Permit Center
 1251 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arden Blvd., Suite 200
 Sacramento, CA 95834
 Fax # 916-364-1901

MINOR PERMIT APPLICATION

Date: _____

Excluded requests must be received in this office by 3:00 P.M. to be processed the following working day. 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 fine.

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: 1914 28th Street
 Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) 8970 00
 CONTACT INFO Name: David Brazil Phone #: 209 553-2257 Email: _____
 Property Owner: River City Recovery Center Inc. Contractor: David Brazil Additions Inc. License #: B66497
 Address: 500 22nd Street S.E. Address: 1205 S. 4th St.
 City/State/Zip: SALT LAKE CITY UT 84116 City/State/Zip: LEHI UT 84240
 Phone: 408 916-942-3979 Phone: 209 333-7344 Fax: 209 333-7583
 Nature of Work: Provide description of work & indicate type of work in sections below
 Pre-Registered? YES NO Registration # _____

Description of Work: tenant security door install new roof over swimming Sherting. Also Repair Dryer

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>two stories</u> # Squares: <u>18</u> Material: <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Wood <input type="checkbox"/> T&G <input checked="" type="checkbox"/> Horiz Some V&SHC <input type="checkbox"/> Vert <input type="checkbox"/> Slate	<input type="checkbox"/> HVAC Installation (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Packaged <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cat-in <input type="checkbox"/> Heat pump or duct unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$: _____ Cost \$: _____	<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"/> Refabricate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair <input type="checkbox"/> Plumbing/Leak <input type="checkbox"/> Mould/Mildew <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Millwork 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 <input type="checkbox"/> Public Utilities Safety (Residential and single apartment units Only) <input type="checkbox"/> SMURF <input type="checkbox"/> PG&E # NOTE # Connection Notice forms will require an additional building permit.
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Minor Permit Form 9/17/2003