

# IN PROGRESS INSPECTION REQUIRED Building Permit

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2R

City of Sacramento



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

\*\*\*\*\* Office Use Only \*\*\*\*\* **ISSUED** \*\*\*\*\*

Permit No: 0404647  
Date Issued: 3/31/04  
Total Amount: \$ 125.25

MAR 31 2004

Sacramento Building Division

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

Site Address: 7525 El Mango Wy Sac Ca 95823  
Nature of Work: Re-roof 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 N/A 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 C-37, B License Number 651913 Date \_\_\_\_\_ 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: IN PROGRESS

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_ **INSPECTION REQUIRED**

**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 3-29-04 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 Fund  
Policy Number 713-2372-03 Expiration Date 10-1-04

(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 3-29-04 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.**

# FAXBACK PERMIT APPLICATION

(certain restrictions apply)

0404687

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 questions.

Permits requiring plan review are not eligible for FAXBACK.

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

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



Job Address: 7525 El Mango Way Sec Ca 95823  
 Parcel Number: 049-0304-806  
 CONTACT PERSON: Chuwik  
 Property Owner: Morrison Creek Terrace  
 Address: 138 Caseli Cir  
 City/State/Zip: SAC CA 95823  
 Phone: 916-391-3292  
 CONTRACT PHONE: 916-203-8191  
 Contractor: Straten Insulation # 651913  
 Address: 4037 Lees Ln  
 City/State/Zip: Carmichael CA 95608  
 Phone: 916-944-8014 FAX: 916-944-4613  
 Contract Price \$ 6,500.00  
 Unit #

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

Description of Work: Tear off, Sheel with the OSB, Roof with 30yr dimensional Comp.

## IN PROGRESS

### INSPECTION REQUIRED

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE 24 # SQUARES 1 # SQUARES 3+ Upper only Stories: 1 Material:	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT Heat Pump Package Spill system Roof mount Cut-in Heat pump or elect. unit to gas. Wall furnace Fire Place Insert Other (describe below)	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC Change-out Electric to Gas Relocate New	(Residential ONLY) 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
<input type="checkbox"/> SIDING Wood T-111 Horiz Vinyl Stucco	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR Flooring/Joists Roof Structure Mud/sill/Studs Exterior * Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	
Value of duct work: Equipment: \$ Cut-in: \$	* NOTE: Correction Notice items will require an additional building permit.		

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0404647**  
**Bldg Minor Permit**  
as of 03-30-2004 Permit Status: **READY**

**IN PROGRESS  
INSPECTION REQUIRED**

Site Address: **7525 EL MANGO WY SAC**  
Parcel No: 049-0304-006  
Thomas Bros: 337H3

CONTRACTOR  
STANCON ROOFING  
PO BOX 642  
CARMICHAEL CA 95608  
Phone: 916-486-9614

OWNER  
WILLIAMSON MARY  
455 LIQUIDAMBER WY  
SUNNYVALE CA 94086  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work:** REROOF-TEAR OFF, RESHEET, INSTALL 24SQ OF 30YR DIMENSIONAL LAMINATED COMP

Permit Valuation: \$6,500.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.65	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$2.60	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek.....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$185.25</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$185.25</b>

**IN PROGRESS  
INSPECTION REQUIRED**

MODE = MEMORY TRANSMISSION

START=MAR-31 16:48

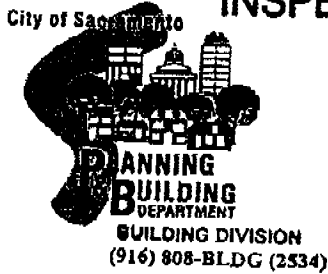
END=MAR-31 16:52

FILE NO.=284

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		99448613	003/003	00:03:09

-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*  
 03/30/2004 13:59 9164869699 STEELHEAD PAGE 02



# IN PROGRESS INSPECTION REQUIRED Building Permit

\*\*\*\*\* Office Use Only \*\*\*\*\* **ISSUED** \*\*\*\*\*

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 Date Issued: 3/31/04  
 Total Amount: \$185.25

MAR 31 2004  
 Sacramento Building Division

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 Nature of Work: Remot Comp

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 Lender's Name: NA Lender's Address: \_\_\_\_\_

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 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 EVID  
 Policy Number: 713-2392-03 Expiration Date: 10-7-04

(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 comply with those provisions.  
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