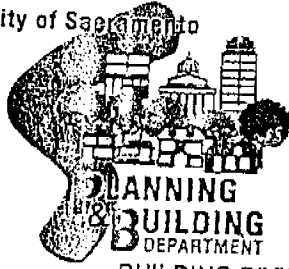


City of Sacramento



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

Building Permit

ZR
DW

***** Office Use Only *****

ISSUED

Permit No: 0318630
Date Issued: 12/3/03
Total Amount: 186.46 Sacramento Building Division

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

Site Address: #6 Seaside Ct. 95831
Nature of Work: Remove roof, install OSB, Reroof
EIK 40 YR. DUES 30% POLY. gutters & d/s/ate

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 782191 Date 12-1-03 Signature Carol Warrick

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 3 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 12-1-03 Applicant/Agent Signature Carol Warrick

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 Combined Specialty Ins. Co.
Policy Number 005-00010786 Expiration Date 01-01-04

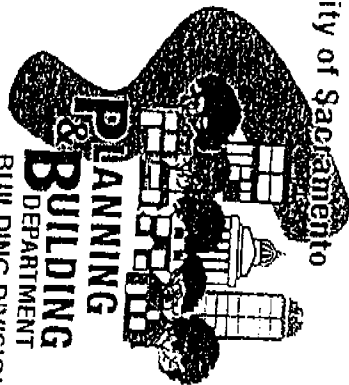
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12-1-03 Applicant Signature Carol Warrick

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.

IN PROGRESS
INSPECTION REQUIRED



Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION
(certain restrictions apply)

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 quad fees.

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: #6 Seaside Ct.
 Parcel Number: 031-0920-042
 CONTACT PERSON: Carol
 Property Owner: Michael & Heather Baran
 Address: Same as job
 City/State/Zip: 95831
 Phone: 916 424-8392
 Contract Price \$ 8930
 CONTACT PHONE: 451-7286
 Contractor: Curtis Roofing
 Address: 7475 14th Avenue
 City/State/Zip: Sacramento CA 95820
 Phone: 916-451-7286 FAX: 451-1228

Description of Work: (Provide detailed description of work & indicate type of work in selections below.)
 Install new gutter & d/s at eave.
 Remove shake roof. Install OSB. Reroof slk 40yr over 30# felt.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> SQUARES <input checked="" type="checkbox"/> GARAGE # Stories: 2 Material: slk 40yr 65mp rsh 30# felt	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRICAL 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 <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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.	

IN PROGRESS
NO DETENTION REQUIRED

ROOFING QUESTIONNAIRE

Applicant's name: Curtis Roofing Phone: 451-7286
 Project Address: #6 Seaside Ct. 95831

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 shall be:

- | Existing | Proposed | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition wood shake or shingle |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | tile |
| <input type="checkbox"/> | <input type="checkbox"/> | metal that simulates one of the above listed materials |

a. The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

- | Existing | Proposed | |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

1. 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.
 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 exposed rafter tails.
 There is no change or cutting proposed to existing rafter tails.
 Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: Carol Wright Date: 12-1-03
no further work to be done

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 DR/P area

TOTAL P.01

ACORD CERTIFICATE OF LIABILITY INSURANCE 324.01

DATE (MM/DD/YYYY)
01/07/03

PRODUCER
AU Insurance Services
PO Box 281900
San Francisco, CA 94128
(877) 234-4407

INSURED
CURTIS ROOFING, INC.
7475 14TH AVENUE
SACRAMENTO, CA 95820
CTL 1273 76756

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE NAIC #

INSURER A: Combined Specialty Ins. Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADPT/ TR/INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$												
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	005-00010786	01/01/03	01/01/04	<table border="1"> <tr> <td>WC STATU- X</td> <td>OTR- ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU- X	OTR- ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
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E.L. DISEASE - POLICY LIMIT		\$ 1,000,000															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER
CURTIS ROOFING, INC.
7475 14TH AVENUE
SACRAMENTO, CA 95820
Attn: Project Manager
ACORD 25 (2001/08)

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
John Ferris 0078336

© ACORD CORPORATION 1988

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0318630

Bldg Minor Permit
as of 12-03-2003 Permit Status: **APPLIED**

**IN PROGRESS
INSPECTION REQUIRED**

Site Address: 6 SEASIDE CT SAC

Parcel No: 031-0920-042

Thomas Bros: 336 G2

CONTRACTOR

CURTIS ROOFING INC
7475 14TH AVE
SACRAMENTO, CA 95820
Phone: 451-7286

OWNER

BENNERMICHAEL/HEATHERM
00006 SEASIDE CT
SACRAMENTO, CA 9583100000
Phone:

ARCHITECT

Phone:

**Nature of Work: REROOF- TEAR OFF AND RESHEET HOUSE AND GARAGE WITH 40 YR
DIM LAM, 21 SQ.**

Permit Valuation: \$8,930.00

Square Footage: 0

Building Permit	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$0.89	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$3.57	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		

TOTAL FEES \$186.46

Payments

****PRELIMINARY** BALANCE DUE** \$186.46

PAID
CITY OF SACRAMENTO

DEC 03 2003

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=DEC-03 12:07

END=DEC-03 12:17

FILE NO. =203

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	94511228	005/005	00:01:47

-CITY OF SACRAMENTO

***** -PLAN CHECK - ***** 916 264 5987- *****



BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

2R
DW

***** Office Use Only *****

ISSUED

Permit No: 0318630 Dec 03 2003

Date Issued: 12/3/03

Total Amount: 182.46 Sacramento Building Division

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

Site Address: #6 Seaside Ct. 95831

Nature of Work: Remove roof. Install OSB. Repair Elk to yr. door 30x40. gutters & d/s area

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 782191 Date 12-1-03 Signature Barol Warrick

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I, as 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 Professions 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.)

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Date 12-1-03 Applicant/Agent Signature Barol Warrick

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Carrier Combined Specialty Ins. Co.

Policy Number 005-00010286 Expiration Date 01-01-04

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Date 12-1-03 Applicant Signature Barol Warrick

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INSPECTION REQUIRED