

# IN PROGRESS INSPECTION REQUIRED

## Building Permit

City of Sacramento



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

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

Permit No: 0400834  
Date Issued: 01-20-04  
Total Amount: 185.25

JAN 21 2004

Sacramento Building Division

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

Site Address: 7913 Highwind Way  
Nature of Work: Re Roof

**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 C-37 License Number 790945 Date 1-16-04 Signature Dyarae McAllen

**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 1-16-04 Applicant/Agent Signature Dyarae McAllen

**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 285212903 Expiration Date 4/1/05

(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 1-16-04 Applicant Signature Dyarae McAllen

**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.

(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:

Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)



Job Address: 7513 HIGHWAY 104	Contract Price \$ 10,505.00	Unit #
Parcel Number: 032-0880-036	CONTACT PHONE: 1126-5600	
CONTACT PERSON: DeZarac McCellum	Contractor: Anderson Techus License # 990945	
Property Owner: Mark Redondo	Address: 753 Technology Way A-7	
Address: 7513 Highway 104	City/State/Zip: Lodi CA 95765	
City/State/Zip: SAC CA 95837	Phone: 1126-5600	FAX: 1126-5506
Phone: 392-7846		

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

Description of Work: TPO Resheet install 30yr Comp

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE 19.5 # SQUARES Material: GAF weathered Wood Ply Blend # Stories 3+	<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"/> WATER HEATER <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 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 <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of duct work: \$ Equipment: \$ Cut-in: \$	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> 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

\* Design Review approval may be required.

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\*NOTE: Correction Notice items will require an additional building permit.

IVR Faxback Permit updated 12/09/01

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0400834**

**Bldg Minor Permit**  
as of 01-20-2004 Permit Status: **READY**

Site Address: **7513 HIGHWIND WY SAC**  
Parcel No: 031-0880-036  
Thomas Bros: 336 J3

CONTRACTOR  
ANDERSON ROOFING  
233 TECHNOLOGY WY  
ROCKLIN CA 95765  
Phone: 916-626-5500

OWNER  
REDONDO MARK J/RAQUEL  
7513 HIGHWIND WY  
SACRAMENTO CA 95831  
Phone: 392-7846

ARCHITECT  
  
Phone:

**Nature of Work:** REMOVE EX.ROOFING, INSTALL NEW SHEATHING, NEW 30YR COMP. SHINGLES, 19.5 SQ, 2 STORIES

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Permit Valuation: \$6,505.00  
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>

**PAY**  
**CITY OF SACRAMENTO**

**JAN 21 2004**

**NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES**

MODE = MEMORY TRANSMISSION

START=JAN-21 12:52

END=JAN-21 13:00

FILE NO. =390

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		96265506	003/003	00:01:15

-CITY OF SACRAMENTO -

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

Jan 18 04 01:37p Daren Anderson 781-6784 p.2

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ISSUED

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