

CITY OF SACRAMENTO

Permit No: 0616074

New City Hall, 915 I St., 3rd Floor, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 277B5

Site Address: 2158 MARICOPA WY SAC

Sub-Type: RES

Parcel No: 225-0871-034

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

OCHOA ALFREDO
57 ROLLINGBROOK CIR
SACRAMENTO, CA 95833

Nature of Work: REROOF - OVERLAY 17 SQ 30 YR COMP ON 1 LAYER EXISTING COMP ON SFD & GAR

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 License Number Date Contractor 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);

AO 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 10/16/06 Owner Signature [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 10/16/06 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 Policy Number Exp Date

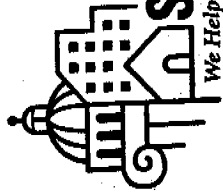
PAID CITY OF SACRAMENTO OCT 16 2006

(This section need not be completed if the permit is for \$100 or less) I certify that in the event that I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 10/16/06 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 Request 1-916-808-7622

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

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

Fax # 916-808-1901

MINOR PERMIT APPLICATION

Date: 10/16/06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

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:

Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2158 MYRCEOP WAY Phone #: 870 4001 Email: Unit # Contract Price

CONTACT INFO Name: Alvaro Ochoa Contractor: License #:

Property Owner: Alvaro Ochoa Address: City/State/Zip: Phone: Fax: Registration #

Address: 2158 MARICOPA WAY

City/State/Zip: Sacramento CA 95833

Phone: 76 870 4001

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work:

Reroof (excluding tile)
 Tear-Off OVERLAY
 Resheet Garage
 House Garage
Stories: 2
Squares: 17
Material: 30 YR CMP
 Siding
 Wood
 T-111
 Horiz
 Vinyl
 Stucco

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: \$

Water Heater (Residential Only)
 Electric Gas
 Change-out
 Electric to Gas
 Relocate
 New
 Dry Rot or Termit
Damage Repair
 Flooring/Joists
 Mud sill/Studs
 Roof Structure
 Exterior

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.

Office Use Only:

Parcel #: Date Received: Date Issued: Processor's Initials: Permit #:



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OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - [X] all the work authorized by this permit.
B - [] a portion of the work.
C - [] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- [] all of the authorized work. [] a portion of the authorized work.

Name Alfredo Ochoa Phone 870 4001
Address 2158 MAVICOPA WAY
Type of Work

Name Phone
Address
Type of Work

Name Phone
Address
Type of Work

Name Phone
Address
Type of Work

3. [] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner (Printed name) (Signature)
Date 10/16/06 Case No. Permit No. 0616074
Job Address 2158 MAVICOPA WAY SAC 95833

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.