

TRANSMISSION VERIFICATION REPORT

TIME : 04/11/2006 11:37
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME : 04/11 11:31
 FAX NO./NAME : 99879400
 DURATION : 00:06:37
 PAGE(S) : 05
 RESULT : OK
 MODE : STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO**

APR 11 2006

**PAID
 CITY OF SACRAMENTO**

APR 11 2006

**DOWNTOWN PERMIT
 CENTER LMC**

NEW CITY HALL

RECEIPT NUMBER: R0606344
 TRANSACTION DATE: 04/11/2006
 TRANSACTION AMOUNT: 190.35
 NOTATION:

APD #: 0604735
 SITE ADDRESS: 1330 PEBBLEWOOD DR SAC
 PARCEL: 225-0474-004

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	190.35

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.90	.00	2.90
207	Strong Motion (SMI)	1600	.73	.00	.73
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento



PLANNING & BUILDING
DEPARTMENT

BUILDING DIVISION
Fax # (916) 264-1901

PAID
CITY OF SACRAMENTO
APR 11 2006
NEW CITY HALL

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

order to process this request, ALL of the following information MUST be provided: *fox box*

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

Job Address: 1330 Pebblewood Drive, Sacramento, CA 95833	Contract Price \$ 7,250.00	Unit #
Parcel Number:	CONTACT PHONE: (916) 988-9100	
CONTACT PERSON: Steve Clark	Contractor: Roof Life Company License # 627655	
Property Owner: Jean Ruby	Address: P.O. Box 2107	
Address: 1330 Pebblewood Drive	City/State/Zip: Orangevale, Ca 95662	
City/State/Zip: Sacramento CA 95833	Phone: (916) 988-9100	FAX: (916) 987-9400
Phone: (916) 359-7829		

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

Description of Work: Remove existing roof & install 40 yr dim comp.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 18 (1) 2 3+ Material: med shake	(Residential ONLY) <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: \$ * Design Review approval may be required.	(Residential ONLY) <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"/> DRY ROT OR TERMITES DAMAGE <input type="checkbox"/> REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <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 *NOTE: Correction Notice items will require an additional building permit.	(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
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IVR Faxback Permit updated 12/02/01

Apr. 07 2006 09:34AM P1

PHONE NO

FROM :



Building Permit ISSUED

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

CITY OF SACRAMENTO

PAID

CITY OF SACRAMENTO

APR 11 2006

Permit No: _____
Date Issued: _____
Total Amount: _____

APR 11 2006 LMC
DOWNTOWN PERMIT CENTER

BUILDING DIVISION NEW CITY HALLS
(916) 808-BLDG (2534)

***** Please Fill in the Following *****
Site Address: 1330 Pebblewood Dr, Sac, 95833
Nature of Work: remove existing shake roof & install 40 yr dim 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 _____ 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 627655 Date 09/30/07 Signature Sheri Bloom

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 04/07/06 Applicant/Agent Signature Sheri Bloom

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 046-06 0006505 Expiration Date 01/01/07

(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 4/7/06 Applicant Signature Sheri Bloom

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.

STATE
 COMPENSATION
 INSURANCE
FUND

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 01-01-2008

GROUP: 000046
 POLICY NUMBER: 0008505-2008
 CERTIFICATE ID: 13
 CERTIFICATE EXPIRES: 01-01-2007
 01-01-2006/01-01-2007

CONTRACTORS STATE LICENSE BOARD
 WORKERS' COMPENSATION UNIT
 P O BOX 28000
 SACRAMENTO CA 95828

NF

LICENSE NUMBER: LICENSE #627855
 INCEPTION DATE: 01-01-2006
 DO: NF

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

J. Andor

AUTHORIZED REPRESENTATIVE

Shirone C. Oki

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - STEVEN H. CLARK, P - EXCLUDED.

ENDORSEMENT #1600 - DAVID F. TSO, V, T - EXCLUDED.

ENDORSEMENT #1600 - NANCY F. CLARK, VP, S - EXCLUDED.

EMPLOYER

ROOF LIFE COMPANY OF NORTHERN CALIFORNIA INC.
 PO BOX 822107
 ORANGEVALE CA 95662

ROOFING QUESTIONNAIRE

Applicant's name: Roof Life Company of No. CA, Inc. Phone: ((16) 988-9100

Project Address: 1330 Pebblewood Dr. Sacramento 95833

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

b. 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

2. GUTTERS

a. The existing gutters are fascia gutters.

- There is no change proposed to existing gutters.
- New fascia gutters shall be provided. (If located in Alhambra Corridor, Oak Park, Central City, or applicant proposes replacement of eaves with fascia in any DR area route to DR staff).
- 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. (If checked and project address is in any DR area route to DR staff).

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

Applicant's signature: Sheri Bloom Date: 4/7/06

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