

**CITY OF SACRAMENTO**

**Permit No: 9807817**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 2**

**Site Address: 1748 JANRICK AV SAC**  
Parcel No: 0520139011

Sub-Type: RES  
Housing (Y/N): N

**CONTRACTOR**

CENTURY HOMESTEAD INC  
4580 POWER INN RD  
SACRAMENTO CA 95826

**OWNER**

LEE LENG  
1748 JANRICK AV  
SACRAMENTO CA 95832

**ARCHITECT**

**Nature of Work: REROOF 18 SQS WITH 25 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 700835 Date 8/13 Contractor Signature S. Rondoni

**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 8/13 Applicant/Agent Signature S. Rondoni

**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 SUPERIOR NATIONAL INS Policy Number WPN 173431

\_\_\_\_\_ (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 8/13 Applicant Signature S. Rondoni

**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.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

SP ID JE  
CENTU-2

DATE (MM/DD/YY)  
03/18/98

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.

### COMPANIES AFFORDING COVERAGE

- COMPANY A Scottsdale Insurance Co.
- COMPANY B Valley Insurance Company
- COMPANY C Superior National Insurance Co.
- COMPANY D

Policy No. 0100494455  
 Policy No. 0116918 01  
 Policy No. WPNL7343D

Michael J. McStocker, Inc.  
 Michael J. McStocker  
 10400 Colusa Inn Road  
 Sacramento, CA 95826

### COVERAGE

COVERAGE A: General Liability, Products-Completed Operations, Personal & Advertising Injury, Fidelity-Compromise, Fire Damage, Med Pay.

COVERAGE B: Automobile Liability (Bodily Injury, Property Damage, Auto Only, Other Than Auto Only).

COVERAGE C: Workers Compensation and Employers Liability.

POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
0100494455	03/15/98	03/15/99	GENERAL AGGREGATE: \$2,000,000 PRODUCTS-COMPLETED OPERATIONS: \$1,000,000 PERSONAL & ADVERTISING INJURY: \$1,000,000 FIDELITY-COMPROMISE: \$1,000,000 FIRE DAMAGE (Any one fire): \$50,000 MED PAY (Any one person): \$1,000
0116918 01	03/15/98	03/15/99	COMBINED SINGLE LIMIT: \$500,000 BODILY INJURY (Other persons): \$ BODILY INJURY (This accident): \$ PROPERTY DAMAGE: \$ AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT AGGREGATE: \$ EACH OCCURRENCE AGGREGATE: \$
WPNL7343D	03/15/98	03/15/99	WC STATUTORY LIMITS: \$ EI EACH ACCIDENT: \$100,000 EI DISEASE - POLICY LIMIT: \$100,000 EI DISEASE - EA EMPLOYEE: \$100,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES/SPECIAL ITEMS  
 Evidence of Insurance

CERTIFICATE HOLDER

SACRA09

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mike McStocker

*Michael J. McStocker*

ACORD CORPORATION 1988



Contractors State License Board  
ACTIVE LICENSE



100835 CORP

CENTURY HOMESTEAD INC

B C39 C61/D03 C61/D52  
C61/D41 C61/D24 C61/D28  
C61/D65 C61/D42  
01/31/1999



City Permit Need before 8-20-98

CENTURY HOMESTEAD, INC.

PROPOSAL and AGREEMENT

4500 POWER INN ROAD  
SACRAMENTO, CALIFORNIA 95826-4340  
(916) 452-7799 FAX 452-7708

City Permit  
Contractor's License, No. 700835  
Your Order No. 810063

Invoice to TROUNG LEE Date 7-30-98 Rep COLE  
Billing Address 1748 JANRICK AVE Home Tel 665-9579 Map Page 337-C 4  
City SACRAMENTO, CA. Zip 95832 Bus Tel \_\_\_\_\_ Other \_\_\_\_\_  
Job Name \_\_\_\_\_ Home Tel \_\_\_\_\_ Other \_\_\_\_\_  
Address (Cross Amberst St.) City \_\_\_\_\_ Zip \_\_\_\_\_

TERMS: Depos \$ 2000 Chk # 70520 Date 7/30 Interim \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Please make checks payable to CENTURY HOMESTEAD, INC. T/O #1 8/20/98

Contractors are required by law to be licensed and insured by the Contractors State License Board. Any questions concerning a contractor may be referred to the board at the board whose address is: Contractors State License Board, 9835 Goethe Road, Sacramento, Ca 95826 (916)255-3900.

DESCRIPTION OF WORK

CENTURY HOMESTEAD IS PLEASED TO QUOTE YOU ON THE FOLLOWING ROOFING PROJECT.

1. REMOVE AND DISPOSE OF EXISTING ROOFING, CLEANUP AND MAGNETICALLY SWEEP FOR NAILS.
2. LOCATE AND REPAIR DRYROT. NO PAINTING. PREP ROOF DECK TO ACCEPT NEW ROOFING MATERIAL.
3. INSTALL NEW PLUMBING AND HEATER VENTS, PAINT TO MATCH NEW ROOFING. 2 NEW WIND TURBINES
4. INSTALL NEW BASE FELT AND 25 YEAR DIMENSIONAL SHINGLES AS PER CODE. ELK ~~HERRIN~~ FORREST GREEN
5. CLEANUP

BASIC ORDER INFO

THOMAS LEE

HOME PHONE NO. 645-9579

CONTRACT NO. 810063

1248 JAN BILL AVE

WORK PHONE NO.

DATE 8-12-98

SACTO, CA JOB NAME 95832

CITY

PAGE 337 LAT. C LON. 4

JOB ADDRESS

(CHECK ALL ITEMS BELOW WHICH PERTAIN)

EXISTING ROOF

- Shake Shingle
Asph/Flt Shingle
Built Up

How Many 2

HEIGHT:

- Single Story
1 1/2 Story
2 Story
Other (Exp on Reverse)

VENTS AND JACKS

- Good Condition (Do Not Replace)
Other (Exp on Reverse)

SPECIAL NOTES:

1/2 25' x 4'

DRYROT

JOB EXTENT:

- Entire House
Partial (Specify Area)
Gutter Replacement

MILES TO JOB SITE:

Miles

PITCH AND SLOPE:

- 4/12
6/12
8/12
Flat
Other (Exp on Rev)

TYPE SHEETING:

- Solid Plywood
Solid 1 & 3/4 (Exposed Beam)
Spaced

17 Starter from Shop
27 2nd silver turbines

ROOF DESIGN:

- Gable
Hip
Split Level

ACCESSIBILITY:

- Front Entrance
Walk-in Ramp

SPECIAL JOB CONDITIONS: (EXPLAIN ALL ITEMS CHECKED ON REVERSE)

- A. Synths
B. Door/Walkway Access
C. Blocked Fireway
D. Driveway
E. Locked Gates
F. Pool
G. Antenna

GARAGE:

- Attached
Detached Included
Detached NOT INCLUDED in this job

DRYROT INFO:

- 2X4X
2X6X
2X8X
1X4 V RUSTIC X
1X6 V RUSTIC X
4X8X PLYWOOD

TEAR OFF INFO:

HOW MANY ROOFS TO BE TORN OFF? 2

TYPES OF ROOFING TO BE TORN OFF? Comp

HOW MANY SQS PER ROOF? 16

CAN YOU ACCESS ALL OF THE ROOFS WITH A TRUCK? YES

HAS THE CUSTOMER BEEN INFORMED THAT THERE WILL BE TEAR-OFF DEBRIS IN ATTIC AND GARAGE? YES NO

ARE WE TO DISPOSE OF IT?

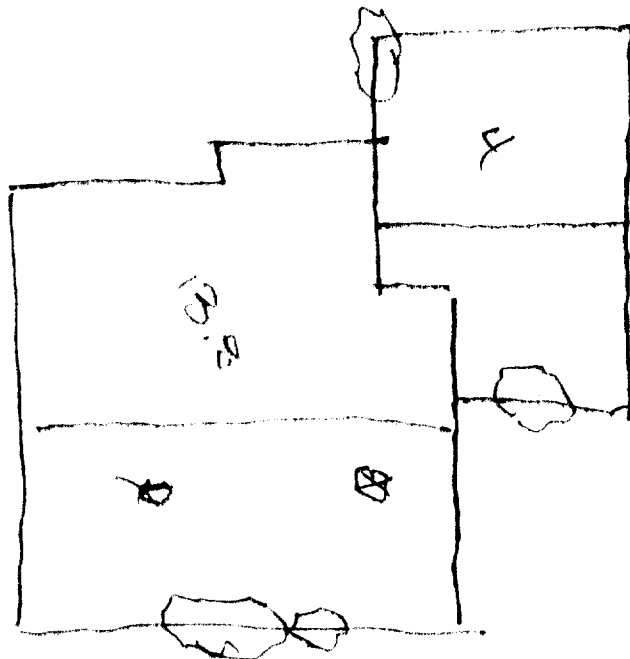
- ANTENNA? YES NO
A.C. COOLER? YES NO
GUTTERS? YES NO
SKYLIGHTS? YES NO
SOLAR? YES NO

CHIMNEY:

- REUSE EXISTING FLASHING? YES NO
NEW FLASHING YES NO
COUNTER FLASHING YES NO

GUTTER INFO: YES NO

NORTH



ROOFING INFO:

TYPE ROOF? 25' x 4'

COLOR? Fades, 24x24

SQUARES? 12

LF. RIDGE? 60
SHADOW OR REGULAR
LF. STARTER? From Shop

TURBINS 2 COLOR Silver

FELT: #15 #30 SQS

LF NOSING:

- 1 X 2 180
1 1/2 X 1 1/2
2 X 2

LF VALLEY?

VALLEY COLOR?

PLYWOOD SQUARES:

- 3/8 1/2
1 X 4 FILL

TORCH DOWN

SQUARES?

TORCH DOWN

COLOR?

L/F METAL

3 X 3

VENTS AND JACKS:

- 1 1/2 3"
2" 4"

- 4"
6"
8"

OVAL 8"