

CITY OF SACRAMENTO

Permit No: 0402058

1231 I Street, Sacramento, CA 95814

Insp Area: 1  
Thos Bros: 297D3

Site Address: 1108 G ST SAC  
Parcel No: 002-0156-006

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

CONTRACTOR  
ADVANCED ROOFING  
PO BOX 764  
ROSEVILLE CA 95678

OWNER  
MATTHEW VALENCICH  
1108 G ST  
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: REROOF T/O RESHT TWO STRY 13 SQ INSTALL 40YR DIM LAM COMP 5  
SQ TORCH DOWN ON PATIO CVR NEW OGEE GTR AT REAR

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.

X License Class C-39 License Number 719926 X Date 2-11-04 X Contractor Signature [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);

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. **PAID** 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).

CITY OF SACRAMENTO

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_  
Date \_\_\_\_\_ Owner Signature \_\_\_\_\_ FEB 11 2004  
NORTH PERMIT CENTER

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.

X Date 2-11-04 X 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:

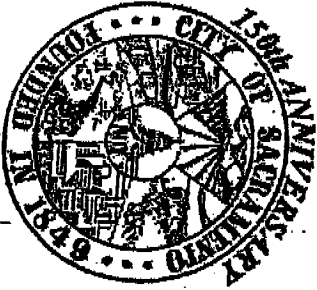
Carrier EXEMPT Policy Number: NO EMPLOYEES Exp Date \_\_\_\_\_

(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.

X Date 2-11-04 X 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.



0402058

DATE: 2-11-04

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

*Note: Work started before a Building Permit is issued will be subject to quad fee.*  
*Note: Contractors must be received in this office by 3:00 p.m. to be processed the following work day.*  
*Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

PROPERTY OWNER: Matthew Valencia CONTACT PERSON: \_\_\_\_\_  
ADDRESS: 1108 G St. UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 9800.00  
CITY/STATE/ZIP: SAC - 95814 CONTRACTOR: Advanced Roofing License # 719426  
PHONE: 453 9486 CITY/STATE/ZIP: 951 WASHINGTON BLVD # 520  
PHONE: 726-2900 FAX: \_\_\_\_\_

NATURE OF REQUEST:		Indicate from the selections below & provide details under description of work.	
<input checked="" type="checkbox"/> REROOF (including tile)	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY)	<input type="checkbox"/> WATER HEATER (residential ONLY)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)
<input type="checkbox"/> TEAR-OFF	<input type="checkbox"/> CHANGE-OUT	<input type="checkbox"/> GAS	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTOR* (Residential and single apartment units ONLY)
<input type="checkbox"/> RESHEET	<input type="checkbox"/> NEW	<input type="checkbox"/> ELECTRIC	
<input type="checkbox"/> HOUSE	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Change-out	
<input type="checkbox"/> GARAGE	<input type="checkbox"/> Package	<input type="checkbox"/> Electric to Gas	
# SIPS RIGS: <u>2</u>	<input type="checkbox"/> Split system	<input type="checkbox"/> Relocate	
# SQUARES: <u>13</u>	<input type="checkbox"/> Roof mount	<input type="checkbox"/> New	
Materials: <u>40 YR</u>	<input type="checkbox"/> Cut-in		
<input type="checkbox"/> SIDING	<input type="checkbox"/> Heat pump or elect. unit to gas.		
<input type="checkbox"/> wood	<input type="checkbox"/> Wall furnace		
<input type="checkbox"/> T-111	<input type="checkbox"/> Other (describe below)		
<input type="checkbox"/> Hardz			
<input type="checkbox"/> vinyl			
<input type="checkbox"/> stucco			
Note: Design Review approval may be required in certain areas.	Value of duct work: _____	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)	
	Equipment: \$ _____		
	Cut-in: \$ _____		
	Note: Design Review approval may be required for rooftop units.		
	Note: Design Review approval may be required in certain areas.		

DESCRIPTION OF WORK:

13 SQ 40 YR      5 SQ TRUCKHOUSE 02-0156-006

# ROOFING QUESTIONNAIRE

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

Applicant's name: Advanced Roofing Phone: 716-2900  
Project Address: 1108 6 St (002-0156-006)

## 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                                  | <input checked="" type="checkbox"/> | Proposed   | <input type="checkbox"/> |
| 25 year laminated dimensional composition | <input type="checkbox"/>            | tile   | <input type="checkbox"/> |
| wood shake or shingle                     | <input type="checkbox"/>            | metal that simulates one of the above listed materials | <input type="checkbox"/> |
- 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 | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| Built up | <input type="checkbox"/> | Foam     | <input type="checkbox"/> |
| Membrane | <input type="checkbox"/> | Membrane | <input type="checkbox"/> |

40 year lamin dim

## 2. GUTTERS

- a.  The existing gutters are fascia gutters.
- b.  The existing gutters are Ogee gutters. *in the rear of house only*
- c.  There are no existing gutters.
- d.  There are no exposed rafter tails.
- e.  There is no change or cutting proposed to existing rafter tails.
- f.  Rafter tails shall be repaired and replaced to match existing.

## 3. RAFTER TAILS

- a.  There are no exposed rafter tails.
- b.  There are exposed rafter tails.
- c.  There is no change or cutting proposed to existing rafter tails.
- d.  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: \_\_\_\_\_ Date: 2-11-04

For City Staff use only

Counter Staff Sally Shore

- In a DR District Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff) called Randy Lum for approval 2/11/04
- Not in DR/P area
- South Alkali Flat HD  
Alkali Flat SHD  
000 = Central City