

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0508695**
Insp Area: **2**
Thos Bros: **317A6**

Site Address: **1120 FOXHALL WY SAC**
Parcel No: **029-0333-005** **1120 FOXHALL WAY**

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

CONTRACTOR
ALTA CAL ROOFING
2720 DANUBE AV
DAVIS CA 95616

OWNER
CURRY RICHARD M/DAHLIA O
1120 FOXHALL WY
SACRAMENTO, CA 95831

ARCHITECT

Nature of Work: **PAPERLESS PERMIT- reroof, tear off & resheet 50SQs w/ 40YR comp. INPROGRESS INSPECTION REQUIRED**

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-39 License Number 729314 Date 6-21-05 Contractor Signature Ronald J Seil

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 Ronald J Seil JUN 21 2005

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 6-21-05 Applicant/Agent Signature Ronald J Seil

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	NO EMPLOYEES	Policy Number	Exp Date
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(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 6-21-05 Applicant Signature Ronald J Seil

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.



0508695

PAYED PERMIT APPLICATION (certain restrictions apply)

Box # 916-264-1901

Facial request 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.

Note: Work started before a Building Permit is issued will be subject to a fine.

029-0333-005

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

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

JOB ADDRESS: 1120 FOXHALL WAY

UNIT #

CONTRACT PRICE \$ 15,000

CONTACT PERSON: Dave Klunker

CONTACT PHONE: 800-956-1996

Property Owner: Richard Curry

Address: 1120 FOXHALL WAY

City/State/Zip: SAC, CA 95831

Phone: 916-391-3208

Contractor: ALTA CR1 Roofing

Address: 2988 WINDSOR CT

City/State/Zip: ESCO, CA 95602

Phone: 800-956-1996 FAX: SHAR

License # 729314

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> RENOVATE (including the) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> TYPAR-ORF <input checked="" type="checkbox"/> REPAIRS <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE <input checked="" type="checkbox"/> at or STRAIGHTS <input checked="" type="checkbox"/> AIRQUANTS Material: <u>COMPASSION</u> 	<input type="checkbox"/> HYAC INSTALLATIONS (equipment ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Call-in <input type="checkbox"/> Load pump or elec. unit to gas. <input type="checkbox"/> Wall Service <input type="checkbox"/> Other (describe below) 	<input type="checkbox"/> WATER HEATER (equipment ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Upgrade to Gas <input type="checkbox"/> Replace <input type="checkbox"/> New 	<input type="checkbox"/> MINOR ELECTRIC under MINOR PLUMBING (equipment ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> Electric Service Change # wires <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Services Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste 	<input type="checkbox"/> PUBLIC USE SAFETY INS (equipment and this under ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> SMI <input type="checkbox"/> PGI
<input type="checkbox"/> SIDING <ul style="list-style-type: none"> <input type="checkbox"/> wood <input type="checkbox"/> CT-411 <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Other 	Value of steel work: _____ Equipment: \$ _____ Cost: \$ _____	<input type="checkbox"/> DRY ROT OR TREMINTZ DAMAGE REPAIR (Describe locations below)	<p>*NOTE: Correctors Not will require all building permits</p>	

Note: Design Review approval may be required in certain areas.

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DESCRIPTION OF WORK: TEAR OFF SHAKE ROOF, INSTALL 3 inch SHEETING, INSTALL 40 year composition - 40 yr Owens Corning.