

AUG 14 2006

Permit No: 0612148

Insp Area: 3

Thos Bros: 298E7

Site Address: 8405 PURDUE CT SAC

Parcel No: 079-0083-004

NEW CITY HALL

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
ALTA CAL ROOFING
2720 DANUBE AV
DAVIS CA 95616

OWNER
OLIPHANT ROBERT G & SHIRLEY J
8405 PURDUE CT
SACRAMENTO, CA 95826

ARCHITECT

Nature of Work: REROOF - T/O - RESHEET - 1STORY SFD - 28SQ - 40YR DIM COMP - IN PROGRESS INSP REQ'D

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 8-14-06 Contractor Signature Ronald J. Grew

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 8-14-06 Applicant/Agent Signature Ronald J. Grew

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:

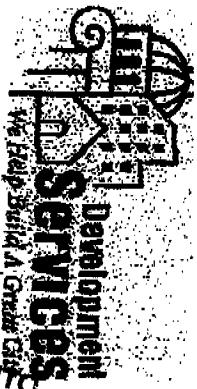
Carrier NO EMPLOYEES Policy Number _____ Exp Date _____

(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 8-14-06 Applicant Signature Ronald J. Grew

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.



06/21/08

CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-6656 OR 1-866-62-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Fax # 916-264-1901

PAID
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 CITY OF SACRAMENTO

MINOR PERMIT APPLICATION

Date: 8/8/2006

Permit must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of liability and workers' compensation insurance. Note: Work started before a Building Permit is issued will be subject to a fine. Permits involving fire safety 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:

Job Address: 8405 PURDUE CT Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

CONTACT INFO Name: BOB OLYPHANT Unit # _____ Contract Price: \$950

Property Owner: BOB OLYPHANT Phone #: 800-956-1996 Email: _____

Address: 8405 PURDUE CT Contractor: RITA CML ROOFING License #: 989314

City/State/Zip: SACRAMENTO, CA 95826 City/State/Zip: RESCUE, CA 95692

Phone: 916-383-6006 Phone: 800-956-1996 Fax: 5 AME

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

Pre-Registered? YES NO Registration # _____

Description of Work: TEAR OFFS SHAKE ROOF, INSTALL 1/2" x 5/8" SHEETING, INSTALL 40 YEAR COMPOSITE SHINGLES.

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Shingles <input checked="" type="checkbox"/> House Garage # Stories: ONE # Squares: 28 Material: Comp <input type="checkbox"/> Staling <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shisco	<input type="checkbox"/> HVAC Insulation (Residential Only) <input type="checkbox"/> Change-out New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or other unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$: _____ Out-in \$: _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # stumps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice forms will require an additional building permit.
<input type="checkbox"/> Dry Rot or Termitic Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mold/In/Struct <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Water Service 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	Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____		