

MODE = MEMORY TRANSMISSION

START=AUG-18 14:34

END=AUG-18 14:37

FILE NO. = 061

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	93491414	004/004	00:01:12

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

CITY OF SACRAMENTO CASHIER'S WORKSHEET

ISSUED *Geo*
AUG 18 2005

RECEIPT NUMBER: R0515408
TRANSACTION DATE: 08/18/2005
TRANSACTION AMOUNT: 192.73
NOTATION:

Sacramento Building Division

APD #: 0512614
SITE ADDRESS: 1239 WOODFIELD AV SAC
PARCEL: 031-0122-002

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	192.73

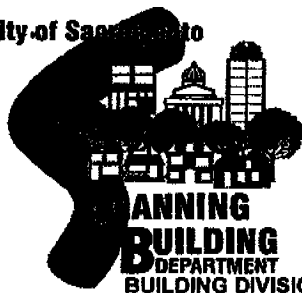
RECEIPT ACCOUNT ITEM LIST

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	3.86	.00	3.86
207	Strong Motion (SMI)	1600	.97	.00	.97
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

Ca State

CITY OF SACRAMENTO
AUG 18 2005
MIXED INCOME HOUSING
FEE PROGRAM

City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

Inspection Request # (916) 264-7622

Building Permit

ISSUED

George

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

Permit No: 0512614
Date Issued: 8/18/05
Total Amount: 192.73
Insp Area #: 2

AUG 18 2005 Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 1239 WOODFIELD AVENUE, SACRAMENTO 95831
Nature of Work: REM EXISTING WOOD SHAKES / RESHEET 1/2" OSB / INST 30lb FELT, 30yr GAF DIM COMP PER MFG SPECS / INST NEW METAL, CALIFORNIA VALLEYS, HIGH-DEF RIDGE / 5yr WARRANTY

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. 3007, 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 B / c39 License Number 833393 Date 08/18/05 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 Professions 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 aforementioned property for inspection purposes.

Date 08/18/05 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 Expiration Date

Policy Number

(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 08/18/05 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.

ROOFING QUESTIONNAIRE

Applicant's name: Ethan O'Hagan, Cal State Roofing Phone: (916) 349-7541

Project Address: 1239 WOODFIELD AVENUE, SACRAMENTO 95831

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 ogee 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).

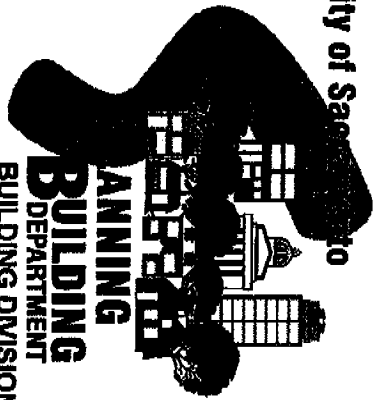
By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: *Ethan O'Hagan* Date: 08/18/05

For City Staff use only

Counter Staff *[Signature]*

- 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



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

OSIGIS AREA 2

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

In order to process this request, ALL of the following information MUST be provided:

Job Address:	1239 WOODFIELD AVENUE, SACRAMENTO 95831		
Parcel Number:	031-0122-002-0000	Contract Price \$	9,650.-
CONTACT PERSON:	Ethan O'Hagan, Cal State Roofing	CONTACT PHONE:	(916) 349-7541
Property Owner:	SOMMERDORF CURTIS R & BEVERLY L	Contractor:	Cal State Roofing **
Address:	1239 WOODFIELD AVENUE	Address:	5997 Devecchi Avenue
City/State/Zip:	SACRAMENTO, CA 95831	City/State/Zip:	Citrus Heights, CA 95621
Phone:	(916) 428-4231	Phone:	(916) 349-7541
		FAX:	(916) 349-1414
		Unit #	
		License #	833393

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

Description of Work: REM EXISTING WOOD SHAKES / RESHEET 1/2" OSB / INST 301B FELT, 30Yr GAF DIM COMP PER MFG SPECS / INST NEW METAL, CALIFORNIA VALLEYS, HIGH-DEF RIDGE / 5Yr WARRANTY

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE # Stories: <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ Material: _____ COMP _____	<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"/> Fireplace Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <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.	<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 (Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING IFR Faxback Permit updated 12/09/01
---	--	---	--

* Design Review approval may be required.