

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509628

Insp Area: 1

Thos Bros: 297H5

Site Address: 658 42ND ST SAC

Parcel No: 004-0292-002

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

KRIZMAN JOHN J/JOAN M
1045 45TH STREET
SACRAMENTO, CA 95819

Nature of Work: PAPERLESS, TEAR-OFF 2-LAYERS SHAKE & COMP, SHEET 7/16 OSB, INSTALL 30 YR OC COMP-IN
PROGRESS INSPECTION 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 License Number Date Contractor 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. 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 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 Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION I have and will maintain a certificate of consent to the following declarations:

I have and will maintain a certificate of consent to the following declarations: 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 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 Applicant 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.

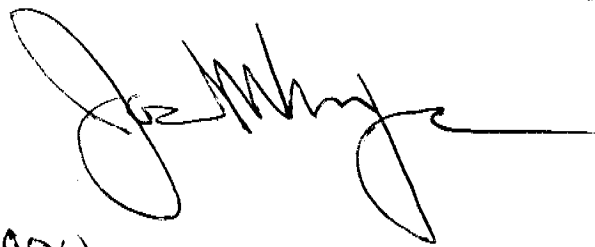
0509628

Joan Krizman

7-1-05

Whom it may concern -

Dolores Vance is  
authorized to pick up  
building permit for  
roof @ 656-42<sup>nd</sup> Street,  
Sacramento, CA 95819



(916) 454-6000

454-2622

c. 410-9090



**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-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

0509628  
 Area 2

**MINOR PERMIT APPLICATION**

Date: 7-1-05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

**Permits requiring Plan Review 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)

004-0292-02 IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

(AKA) 6564 Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Job Address: 6587 2nd Street Sacramento 95819 Unit # 7100  
 CONTACT INFO Name: George Vaneas Phone #: 825-3903 Email:  
 Property Owner: Joan K. Vaneas Contractor:  
 Address: 1045 45th Street Address:  
 City/State/Zip: SAC CA City/State/Zip:  
 Phone: 410-9090 Phone: Fax: Registration #

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

Description of Work: 3 layers shake + comp, sheet 7/16 OSB, install 30 yr. OC composition

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 1 # Squares: 24 Material: 30 yr OC Comp <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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"/> Mudstail/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <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	<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.
Office Use Only:	Parcel #:	Date Received:	Processor's Initials:	Permit #:

# ROOFING QUESTIONNAIRE

Applicant's name: Dolores Vance Phone: (916) 989-0466  
Project Address: 656 42nd Street Sac. 95819

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"/>	20 year laminated dimensional composition
<input checked="" type="checkbox"/>	<input type="checkbox"/>	wood shake or shingle
<input 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

## 1. GUTTERS

a.  The existing gutters are fascia gutters.

- There is no change proposed to existing gutters.
- New fascia gutters shall be provided.
- 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.

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

Applicant's signature: Dolores Vance Date: 6-30-03

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