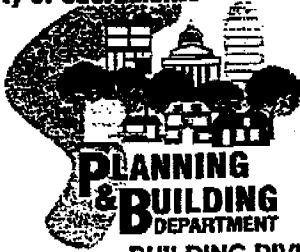


IN PROGRESS INSPECTION REQUIRED

City of Sacramento



BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

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

ISSUED

Permit No: 03.06507
Date Issued: 5/13/03
Total Amount: \$ 790.26

MAY 13 2003

Sacramento Building Division

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

Site Address: 610 Woodlake Dr
Nature of Work: Reroof

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 C39 License Number 595022 Date 5/2/02 Signature Niell

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 aforementioned property for inspection purposes.

Date 5/2/02 Applicant/Agent Signature Niell

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 State Fund
Policy Number 713-82602 Expiration Date 10/1/02

(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 5/2/02 Applicant Signature Niell

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 7066 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

FAXBACK PERMIT APPLICATION

(certain restrictions apply)



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

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

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

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

Job Address: 1610 Woodlake Dr SAC 95815 Unit # _____
 Parcel Number: 275-0191-007 Contract Price \$ 16,535
 CONTACT PERSON: Michelle Chamberlain CONTACT PHONE: 916-781-7573
 Property Owner: Manny Ramirez / Rusty Thomas Contractor: Alpro Rfg License # 9956092
 Address: 1610 Woodlake Dr Address: 1909 Woodlark Rd Shellia Pmb273
 City/State/Zip: SAC CA 95815 City/State/Zip: Antelope CA 95843
 Phone: 927-4847 Phone: 78-7180 FAX: 785-8700

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

Description of Work: remove existing compner shingle, install 50-year class C Heavy Shale, a downspout, new gutters & downspouts.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES <u>22</u> <input checked="" type="checkbox"/> GARAGE # SQUARES <u>2</u> Stories <u>2</u> Material: <u>Cedar + 50-yr Heavy shale</u>	<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"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <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	<input type="checkbox"/> MINOR ELECTRICAL and/or MINOR PLUMBING <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

* Design Review approval may be required.

* Design Review approval may be required.

* NOTE: Correction Notice Items will require an additional building permit.

NR Faxback Permit updated 12/09/01

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY
FOR PERMIT #0306507**

**Bldg Minor Permit
as of 05-12-2003 Permit Status: READY**

Site Address: 610 WOODLAKE DR SAC

Parcel No: 275-0191-007

Thomas Bros: 277 H7

CONTRACTOR

ALL PRO ROOFING
7909 WALERGA RD, SUITE 112 PMB 273
ANTELOPE, CA 95843
Phone: 725-7319

OWNER

WATERS JERRY S/BETTY L
610 WOODLAKE DR
SACRAMENTO CA 95815
Phone:

ARCHITECT

Phone:

**Nature of Work: T/O,RESHEET&RROOF 1 STORY HSE/GARAGE W/22 SQS HEAVY
SHAKE.NEW VENTS&GUTTERS**

Permit Valuation: \$16,535.00

Square Footage: 0

Building Permit	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$1.65	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$6.61	Regional Sanitation Fee..	\$0.00
Technology Fee	\$7.00	Pocket Area Road	\$0.00
Housing Surcharge	\$0.00	SAFCA Fee	\$0.00
Res Const Tax	\$0.00	North Natomas	\$0.00
Penalty Fee	\$0.00	FBA-Jacinto Creek	\$0.00
Inspections	\$0.00	Refund	\$0.00
Replace Cards	\$0.00		
Renewal Fee	\$0.00	Additional Fees	\$0.00
Water Meter Fee	\$0.00		

TOTAL FEES \$190.26
Payments \$0.00

BALANCE DUE \$190.26

**PAID
CITY OF SACRAMENTO**

MAY 13 2003

**NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICE**

MODE = MEMORY TRANSMISSION

START-MAY-12 09:54

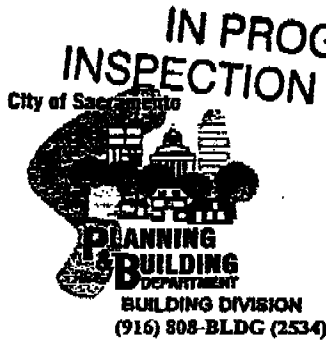
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FILE NO.=391

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-CITY OF SACRAMENTO -

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



IN PROGRESS INSPECTION REQUIRED

Building Permit

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

Permit No: 03-04507
 Date Issued: 5/13/03
 Total Amount: \$190.26

ISSUED
 MAY 13 2003

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

Site Address: 6010 Woodlake Dr
 Nature of Work: Reroof

Sacramento Building Division

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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 C39 License Number 595622 Date 5/2/02 Signature [Signature]

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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 State Fund
 Policy Number 13-0260 Expiration Date 01/1/02

(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 5/2/02 Applicant Signature [Signature]

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THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.