

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0401036

Insp Area: 1

Thos Bros: 297 F6

Site Address: 2014 ALHAMBRA BL SAC

Parcel No: 010-0131-010

DESIGN REVIEW AREA

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

SHANNON HERBERT D/SHIRLEY
2014 ALHAMBRA BL
SACRAMENTO CA 95817

Nature of Work: REROOF - TEAR OFF, RESHEET INSTALL 15 SQ 30 YR DIM LAM
COMP. 1 STORY DESIGN REVIEW AREA

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 shall constitute 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 1/22/04 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 _____ Applicant/Agent 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 _____ 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.

PBE10001



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

WWW.CITYOF.SACRAMENTO.CA.GOV
Help Line: 1-916-264-5656 OR 486-62-PERMIT
Inspection: 1-916-808-4677



North Permit Center 1-916-808-2354
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION

(certain restrictions apply)

Department Permit Center 1-916-264-6907
1231 I Street, Suite 200 Sacramento, CA 95814

0421036

Faxed 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.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
 RESIDENTIAL APARTMENTS (1 unit per building) COMMERCIAL (limited)

Job Address: 2014 Alhambra Blvd
Contract Person: Tim Skarner
Property Owner: Herbert Skarner
Address: 1335 Sun Glendale Way
City/State/Zip: Sacramento 95825
Contract Price: 2000.00
Contractor: Edward Quast License #
Contact Phone: 916-718-4941
Unit #:
FAX:

Phone: 916-718-4941
NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

| | | | | |
|---|--|---|---|---|
| <input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Reseal <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 1 # Squares: 15 sq Material: Cedar Shingles Siding: Cedar Wood: T-111 Here: Vinyl Shutter: | <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"/> Cur-in <input type="checkbox"/> Heat pump or heat unit to | <input type="checkbox"/> Water Heater (Residential Only) <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 <input type="checkbox"/> Damage Repair (Describe location below) | <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 |
|---|--|---|---|---|

DESCRIPTION OF WORK:

*Design Review approval may be required

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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 a DR or P area

County Seal: *Shannon*

FOR CITY STAFF USE ONLY

Applicant's signature: *Herb Shannon* Date: *4/21/04*

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

3. RAFTER TAILS

- a. There are no exposed rafter tails.
- b. Rafter tails shall be repaired and replaced to match existing.

- a. The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
- New fascia gutters shall be provided.
- Gutter 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.
- c. There are no existing gutters.
- No new gutters are proposed.
- New Ogee gutters shall be provided.

2. GUTTERS

| | | | |
|----------|--------------------------|----------|--------------------------|
| Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| Foam | <input type="checkbox"/> | Built up | <input type="checkbox"/> |
| Membrane | <input type="checkbox"/> | | <input type="checkbox"/> |

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 | <input type="checkbox"/> | Proposed | <input checked="" type="checkbox"/> |
| 30 year laminated dimensional composition | <input type="checkbox"/> | Wood shake or shingle | <input type="checkbox"/> |
| Tile | <input type="checkbox"/> | Metal (that simulates one of the above listed materials) | <input type="checkbox"/> |

a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

Applicant's Name: *Herb Shannon* Phone: *916-718-4985*
Project Address: *2014 Whimber Blvd* Phone:

ROOFING QUESTIONNAIRE

City of Sacramento Planning & Building Department
 Building Division
 www.cityofsacramento.org
 Help Line: 1-916-264-6666 OR 1-866-EZ-PERMIT
 (In-person: 1-916-908-4877)

North Permit Center 1-916-808-2354
 2101 Avenue Blvd., Suite 200, Sacramento, CA 95834

Southwest Permit Center 1-916-264-6807
 12311 Street, Suite 200, Sacramento, CA 95814

