

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0313997

Insp Area: 2
Thos Bros: 338 B3

Site Address: 13 OMAHA CT SAC

Parcel No: 118-0230-023 3, 5, 7, 9, 11, 13 OMAHA CT

Sub-Type: COM
Housing (Y/N): N

CONTRACTOR

MIKE WALSH ROOFING
3747 WEST PACIFIC AVE
SACRAMENTO CA 95820

OWNER

SASSE MARLA RAE
13 OMAHA CT
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: RE-COVER EXIST. FIBERGLASS HOT ROOF WITH NEW LAYER OF 2 PLY FIBERGLASS HOTMOPPED 72# MINERAL ROOFING MATERIAL, 50 SQ

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 668494 Date 9-15-03 Contractor Signature Betty Walsh

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9-15-03 Applicant/Agent Signature Betty Walsh

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.

BW 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 NONE 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 9-15-03 Applicant Signature Betty Walsh

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.

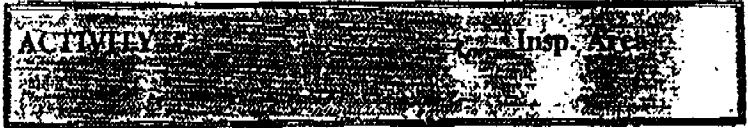
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

0313992

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046



Applicant MUST complete ALL Unshaded areas

ADDRESS 3579 1/2 Omaha Ct Suite _____
RCBL # _____

CONTACT Name: <u>MIKE WALSH</u> Street Address: <u>3747 W. Pacific Ave #C</u> City/State/Zip: <u>SAC, CA 95820</u> Phone: <u>916-524-4285</u> FAX: <u>916-451-7055</u> E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>668494</u> Name: <u>MIKE WALSH ROOFING INC</u> Address: <u>3747 W. Pacific Ave #C</u> City/State/Zip: <u>SAC, CA 95820</u> Phone: <u>916-524-4285</u> FAX: <u>916-451-7055</u> E-mail: _____	
ARCHITECT/ENGINEER Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ FAX: _____ E-mail: _____		OWNER Name: <u>Southgate Garden HOA</u> Address: <u>7919 Pebble Beach Dr</u> City/State/Zip: <u> citrus Heights CA 95610</u> Phone: <u>916-532-4135</u> FAX: _____ E-mail: _____	

Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Transportation Ins Co
 WORKER'S COMPENSATION POLICY # U2C247855906 EXPIRATION DATE: 12-31-03

NATURE OF WORK IN DETAIL: Recover existing Fibreglass Hot Roof 6 months with Fibreglass Insulation 2 Ply Fibreglass Hot mopped and matted 72 in. Fibreglass mineral surface

OCCUPANT/TENANT: _____ VALUATION: \$15,200.00

FLOOD STATUS		C.A.T.						
OB DESCRIPTION	BLDG	SHEE	APPL	REMO	SW	TR	ADD	OTH
INSPECTION DISCIPLINES	BLEC	MECH	PLUMB	ELEC	SITE	FIRE		
Stories	1st Br Area	Total Area	Use	Occp Group	Const type	Fire Req. SIGN	Fire Req. TR	Fire Req. File
B	L							

COMMENTS: _____

REGIONAL SANITATION FEES: Yes No HEALTH DEPARTMENT: Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS: Not Required Required