

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008224
Insp Area: 3

Site Address: 4809 39TH AV SAC
Parcel No: 037-0051-009

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

CONTRACTOR
DODSON ROOF MGMT
999 W ALEKGA RD #112
ANTHONY CA 95842

OWNER
ROHLFES
4809 39TH AV
SAC CA 95824

ARCHITECT

Nature of Work: TEAR OFF & REROOF HOUSE AND GARAGE

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 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 8 of the Business and Professions Code and my license is in full force and effect.

License Class C-39 License Number 365751 Date 7-19-00 Contractor 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 not licensed thereon 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 or myself as their sole compensation, will do the work, and the structure is not rented or offered for rent (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 for 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 a owner of the property, am not contracting with licensed contractors to construct the project (Sec. 7031, Business and Professions Code); the Contractors License Law does not apply to an owner of property who builds or improves thereon, or who contracts for such projects with a contractor licensed pursuant to the Contractors License Law.

Exempt under Sec. B & PC for this reason: Owner Signature

IN ISSUING THE BUILDING PERMIT, the applicant represents and shall rely on the representation of the applicant that the applicant verified measurements and locations shown on the application to accomplish all laws and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations of such improvements. This building permit does not authorize any illegal location of 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 7-19-00 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 is LIBERTY NORTHWEST INS CORP policy number are:

Carrier: LIBERTY NORTHWEST INS CORP Policy Number 36-21733-00104-17910 Exp Date 04/13/2001

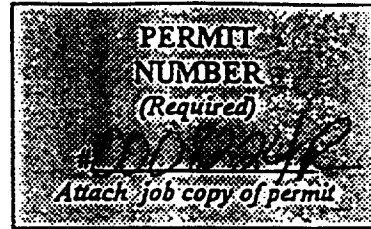
This section need not be completed if the permit is for HOME SERVICES that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 7-19-00 Applicant Signature [Signature]

FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO PENALTY 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.

Cancelled
refund A.C
10/12



CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RM. 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 4809 39th Ave
DATE OF WRITTEN REQUEST: 7/24/00 DATE REQUEST RECEIVED: _____
PERMIT FOR: In County Reroof
REASON FOR REFUND: In County
CONTRACTOR: Dodson Roof Management OWNER: _____
ADDRESS: 7909 Watergard #112 ADDRESS: _____
CITY/ST/ZIP: Centelo, CA 95842 CITY/ST/ZIP: _____
PHONE: 485-0428 PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>4040</u>	Adj. Value	<u>4040</u>
BPF pd	<u>175</u>	BPF pd	<u>175</u>
PC/PPF pd	_____	PC/PPF pd	_____
SMI pd	_____	SMI pd	_____
CBL pd	<u>1.62</u>	CBL pd	<u>1.62</u>
Tech pd	<u>7.00</u>	Tech pd	<u>7.00</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
Total Paid	<u>183.62</u>	Total Refund Amount	<u>183.62</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked _____

Permit Canceled _____

Supp. Paper Work

Letter Mailed _____

NO ADMIN FEE CITY SERVICE

REFUND PROCESSED BY: [Signature] DATE: 10/12/00
REFUND APPROVED BY: [Signature] DATE: 10/12/00

PLEASE ALLOW 30 DAYS FOR PROCESSING