

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

PAID
CITY OF SACRAMENTO
APR 03 2006
NEW CITY HALL

Permit No: 0604228
Insp Area: 1
Ins Bros: 297F4
Sub-Type: COM
Housing (Y/N): N

Site Address: 615 28TH ST SAC
Parcel No: 003-0203-001

CONTRACTOR
HIGH TECH ROOFING
8224 FIREWOOD CT
ORANGEVALE CA 95662

OWNER
KOCEJA FAMILY TRUST
PO BOX 160373
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: PAPERLESS, TEAR OFF TAR GRAVEL, AND INSTALL SINGLE PLY MEMBRANE - IN PROGRESS INSPECTION REQUIRED

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 505189 Date 4/3/06 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 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 4/3/06 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:

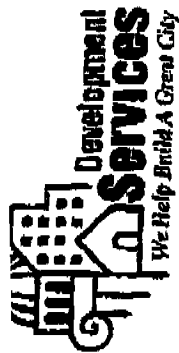
Carrier STATE FUND Policy Number 285-0001523 Exp Date 01/01/2007

(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 4/3/06 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.



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5566 OR 1-888-EZ-PERMIT
Inspection Request 1-916-808-7822

Downtown Permit Center
12311 Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arden Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-264-1901

PAID
CITY OF SACRAMENTO
APR 03 2006

MINOR PERMIT APPLICATION

NEW CITY
Permit # 3/27/06

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 these areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 615 78th St
CONTACT INFO Name: Dave Koesje - 2414
Phone #: 439-0600 Email: Dave.Koesje@hightechroofing.com

Bldg Type: RESIDENTIAL APARTMENTS (40 units per building) COMMERCIAL (limited)
Contract Price 12,700

Contractor: High Tech Roofing & End-Licenses # 50189
Address: 8224 Finewood Ct
City/State/Zip: Orangevale CA 95662
Phone: 439-0600 Fax: 725-4429

Pre-Registered? YES NO X Registration #

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

Description of Work: Tear off roof, gables (3/2) - apply fiberglass nose / waterproofing - single ply - rolls - (10) saw pile membrane (aerobic water)

<input checked="" type="checkbox"/> Roof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Re-roof <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 2 # Squares: 223 Material: APO <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shakes Value of work: \$ Equipment: \$ Cut-in: \$	<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"/> Well 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 Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mold/Mildew <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # circuits <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 <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E # NOTE * Correction Notice (leak wall require an additional building permit.
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Office Use Only: Parcel # Date Received: Date Served: Processor's Initials: Permit #:

001

001

HIGH TECH ROOFING INC

HIGH TECH ROOFING INC

03/27/2006 08:03 FAX 916 722 8022

03/28/2006 13:21 FAX 916 722 8022



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT
Inspection: 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

ROOFING QUESTIONNAIRE

Applicant's Name:

High Tech Roofing Co
615 28th St

Phone:

916-439-0606 cell

Project Address:

Phone:

Office 725-4429

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 will be:

- | | |
|--------------------------|--------------------------|
| Existing | Proposed |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- 30 year laminated dimensional composition
- Wood shake or shingle
- Tile
- Metal that simulates one of the above listed materials

b. The new roofing material will be:

- | | |
|-------------------------------------|-------------------------------------|
| Existing | Proposed |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- Built up 90# cap (white)
 - Foam
 - Membrane
 - Single ply
- 2 story 2 1/2

2. 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 no existing gutters.

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

Applicant's signature:

Date:

3/28/06

Counter Staff:

FOR CITY STAFF USE ONLY

- 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