

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0412020  
Insp Area: 3  
Thos Bros: 317G2

Site Address: 3725 36TH ST SAC  
Parcel No: 020-0031-004 Oak Park Design Review

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

CONTRACTOR

OWNER  
SIMPSON WILLIAM/FREDDIE MAE  
3725 36TH ST  
SACRAMENTO CA 95820

ARCHITECT

Nature of Work: REROOF-TEAR OFF, RESHEET, INSTALL 24SQ OF 30YR DIMENSIONAL LAMINATED COMP

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 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).

F.S I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: Owner  
Date 7-28-04 Owner Signature Fred Simpson

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 7-28-04 Applicant/Agent Signature Fred Simpson

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 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:

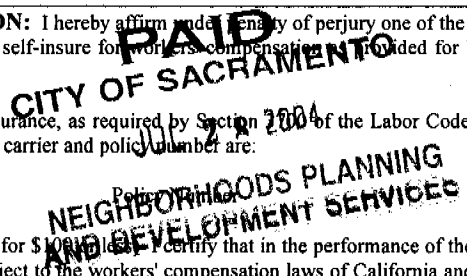
Carrier \_\_\_\_\_ Exp Date \_\_\_\_\_

(This section need not be completed if the permit is for \$ \_\_\_\_\_) 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 7-28-04 Applicant Signature Fred Simpson

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.



6/11/2020

**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)



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: 3725 36 ST Contract Price \$ 7000 Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_ CONTRACT PHONE: 912-2960  
 CONTACT PERSON: SAME Contractor: OWNER License # \_\_\_\_\_  
 Property Owner: FREDDIE M. SIMPSON Address: 3725 36th ST  
 City/State/Zip: SACramento CALIF City/State/Zip: SACramento Phone: 743-1684 FAX: \_\_\_\_\_  
 Phone: 453-1684

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

Description of Work: Roof Tear off Roof with 30 year Simpson

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE # HOUSE <u>24</u> # SQUARES <u>2</u> 3+ # Stories <u>2</u> Material: <u>30 year Simpson</u>	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs * Design Review approval may be required.	<input type="checkbox"/> MINOR ELECTRIC 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
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SIMUD <input type="checkbox"/> PG&E	*NOTE: Correction Notice items will require an additional building permit.	

\* Design Review approval may be required.

\* Design Review approval may be required.

VR Faxback Permit updated 12/09/01

# ROOFING QUESTIONNAIRE

Applicant's name: FREDDIE M. SIMPSON Phone: 916-453-1084

Project Address: 3725 36<sup>TH</sup> ST

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 shall be:

- | <u>Existing</u>          | <u>Proposed</u>                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <del>20</del> year laminated dimensional composition   |
| <input type="checkbox"/> | <input type="checkbox"/>            | wood shake or shingle                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | tile   |
| <input type="checkbox"/> | <input type="checkbox"/>            | metal that simulates one of the above listed materials |

a.  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:

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

**1. 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.

**PAID**  
**CITY OF SACRAMENTO**  
 JUL 28 2004  
**NEIGHBORHOODS PLANNING  
 AND DEVELOPMENT SERVICES**

**3. RAFTER TAILS**

a.  There are no exposed rafter tails.

b.  There are exposed rafter tails.

- There is no change or cutting proposed to existing rafter tails.
- Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: Freddie Simpson Date: 7-27

For City Staff use only

Counter Staff \_\_\_\_\_

- 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 DR/P area

OAK PARK