

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605080
Insp Area: 4
Thos Bros: 277D6

Site Address: 2660 STONECREEK DR SAC
Parcel No: 225-0960-005 UNIT #2688

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

CONTRACTOR
INTERSTATE ROOFING INC
15065 SW 74TH AVE
PORTLAND OR 97224

OWNER
PHEASANT POINTE-215 L L C
9500 S W BARBUR BL
PORTLAND, OR 97219

ARCHITECT

Nature of Work: PAPERLESS, T/O & INSTALL 12 SQ'S OF 30 YR COMP AND REPAIR DECK - IN PROGRESS
INSPECTION REQ'D UNIT #2688

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 774978 Date 4-17 Contractor Signature *David Pate*
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, and who contracts for such projects with a contractor(s) 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 _____ 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 NO CALIFORNIA EMPLOYEES 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 4-17-06 Applicant Signature *David Pate*

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.

PAID
CITY OF SACRAMENTO
APR 17 2006

15E110001



Downtown Permit Center, New City Hall
9151 Steel, 3rd Floor, Sacramento, CA 95814

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

Fax # 916-808-8370

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
APR 17 2006
NEW CITY HALL



Activity # 0605080
Area 1

FAXED PERMIT APPLICATION
(certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
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 grand fee.

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2660 Starcreek Dr Unit # 2088 Contract Price \$ 9250

Contact Person: Dave Patz Contractor: Interstate Roofing License # 7749718

Property Owner: Pharant Pointe - 215 LLC Address: 15065 SW 74th

Address: 4300 SW Barber Blvd 4300 City/State/Zip: Portland, OR 97219 OR 97224

City/State/Zip: Portland, OR 97219 Phone: 503 245-1255 Fax: 503 634 3052

Phone: 503 245-1255

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
Description of Work: Remove shingles, repair deck, install 15 felt, re-roof 30 year dimensional shingles

<input checked="" type="checkbox"/> Kerfnot (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Reshield <input type="checkbox"/> Trowse <input type="checkbox"/> Garage <input type="checkbox"/> Storeroom <input type="checkbox"/> # Stories: <u>2</u> <input type="checkbox"/> # Squares: <u>1140</u> Materials: <u>CAF 30 yr</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingle * Design Review approval may be required.	<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. Value of duct work: <input type="checkbox"/> Equipment: \$ _____ <input type="checkbox"/> Cur-in: \$ _____ * Design Review approval may be required.	<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 Termite Damage Repair (Describe Locations Below) <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 Termite Damage Repair (Describe Locations 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 (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.
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