

IN PROGRESS INSPECTION REQUIRED

Building Permit

JZ
3R *Levy*

City of Sacramento



BUILDING DIVISION
(916) 808-BLDG (2534)

***** Office Use Only *****

ISSUED

Permit No: 0409668
Date Issued: 6/17/04
Total Amount: \$ 124.99

JUN 17 2004
Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 2 Loma Mar Ct.
Nature of Work: Tear off, Resheet +
install 30 year 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 C39 License Number 1047833 Date 6-17-04 Signature J Wallace

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 6-17-04 Applicant/Agent Signature J Wallace

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 ISSAQUAHONDI Idemnity + Medical Benefits Fund
Policy Number ISS000010301 Expiration Date 10-1-04

(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 6-17-04 Applicant Signature J Wallace

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

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FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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

Fax # (916) 264-1901

In order to process this request, ALL of the following information MUST be provided:

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

Address: 2 Loma Mar Court	Contract Price \$ 5986.00	Unit #
Parcel Number: 040 0300 030 0000	CONTACT PHONE: 916 384-1878	
CONTACT PERSON: David Schroder	Contractor: All-Star Rfg License # 647833	
Property Owner: Hoang	Address: 8520 Kiefer Blvd	
Address: 2 Loma Mar Ct	City/State/Zip: Sacramento CA 95826	
City/State/Zip: Sacramento CA 95828	Phone: 916 381 1836	FAX: 916 381 1837
Phone: 916 715-2082		

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

Description of Work: Tear off, Resheet, & install 30 year composition

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE # SQUARES 3+ orles 2115 2 rial: <u>AVONS CORNING</u> <u>PRO 30 year comp</u>	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill 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: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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"/> Mud/Sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (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.	(Residential ONLY) 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
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CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY
FOR PERMIT #0409668
Bldg Minor Permit
as of 06-17-2004 Permit Status: READY**

IN PROGRESS
INSPECTION REQUIRED

Site Address: 2 LOMA MAR CT SAC
Parcel No: 040-0200-030
Thomas Bros: 318B7

CONTRACTOR
ALL-STAR ROOF SERVICES
8520 KIEFER BL
SAC CA 95826
Phone: 381 1836

OWNER
HOANG THANH CHI/CHU HAI
2 LOMA MAR CT
SACRAMENTO CA 95828
Phone: 916-715-2082

ARCHITECT

Phone:

Nature of Work: REROOF-TEAR OFF, RESHEET, INSTALL 21SQ OF 30YR DIMENSIONAL LAMINATED COMP

Permit Valuation: \$5,986.00
Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.39	.00	2.39
207	Strong Motion (SMI)	1600	.60	.00	.60
259	Technology Surcharge	1750	7.00	.00	7.00

TOTAL FEES: \$184.99
Payments: \$0.00
BALANCE DUE: \$184.99

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INSPECTION REQUIRED

PAID
CITY OF SACRAMENTO
JUN 17 2004
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=JUN-17 12:00

END=JUN-17 12:04

FILE NO.=994

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		93811837	004/004	00:02:26

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0409859

TRANSACTION DATE: 06/17/2004
TRANSACTION AMOUNT: 184.99
NOTATION:

APD #: **0409668**
SITE ADDRESS: 2 LOMA MAR CT SAC
PARCEL: 040-0200-030

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED

Mixed Income Housing
Fee Program
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TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	184.99

RECEIPT ACCOUNT ITEM LIST

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CITY OF SACRAMENTO

JUN 17 2004

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AND DEVELOPMENT SERVICES