CITY OF SACRAMENTO		Permit No:	0010840			
1231 I Street, Sacramento, CA 95	814	Insp Area:	1			
Site Address: 2329 C ST SAC Parcel No: 003-0085-012		Sub-Type: Housing (Y/N)	COM : N			
CONTRACTOR EAGLE RIDGE CONSTRUCTION ROOFING 820 ATLANTIC STREET ROSEVILLE, CA 95678	OWNER 815 E ST #M17 SACRAMENTO CA 95814	ARCHITECT TAP PLASTICS INC				
Nature of Work: REROOF T/O 55SQ 15 BASE, 1 SBS	LB FELT, 25 YR COMP, HOT CRICKET,	1				
CONSTRUCTION LENDING AGENCY: 11 of the work for which this permit is issued (Sec. 3097)	nereby affirm under penalty of perjury that there is a co. Civ. C).	nstruction lending ager	ncy for the performance			
Lender's Name	Lender's Address					
reammencing with section 7000) of Division 3 of the	ION: I hereby affirm under penalty of perjury that Business and Professions Code and my license is in ful	force and effect	_			
License Class C-39 License Number 7649	Date 9/14/00 Contractor Signal	ure J. K. W.	lluis			
following reason (Sec. 7031.5, Business and Professionary structure, prior to its issuance, also requires the apof the Contractors License Law (Chapter 9 (commer	reby affirm under penalty of perjury that I am exemples code; any city or county which requires a permit to opplicant for such permit to file a signed statement that I neing with Section 7000) of Division 8 of the Busines of the Section 7031.5 by any applicant to the control of Section 7031.5 by any applicant to the section 7031.5 by any applicant to the control of Section 7031.5 by any applic	o construct, alter, impro ne or she is licensed pu ss and Professions Coo	ove, demolish, or repair rsuant to the provisions le) or that he or she is			
for sale (Sec. 7044, Business and Professional Code thereon, and who does such work himself or herself (sale. If, however, the building or improvement is so not build or improve for the purpose of sale.)	with wages as their sole compensation, will do the wo : The Contractors License Law does not apply to an or through his/her own employees, provided that such id within one year of completion, the owner-builder w ontracting with licensed contractors to construct the	n owner of property w improvements are not ill have the burden of	the builds or improves intended or offered for proving that he/she did			
	to an owner of property who builds or improves thereo					
	& PC for this reason:					
Date C	Owner Signature					
all measurements and locations shown on the applicat	icant represents, and the city relies on the representation or accompanying drawings and that the improvemented locations for such improvements. This building perment relating to location of improvements.	ent to be constructed d	oes not violate any law			
relating to building construction and herby authorize r	at all information is correct. I agree to comply with epresentative(s) of this city to enter upon the abovement					
Date 7/14/00 A	applicant/Agent Signature J. K W l	lear				
	FION: I hereby affirm under penalty of perjury one of to self-insure for workers' compensation as provided to					
which this permit is issued. My workers' compensation	on insurance, as required by Section 3700 of the Laborative carrier and policy number are:	or Code, for the perfor	mance of the work for			
Carrier VILLANOVA INSURACE CO	Policy Number WC3 0526118	Exp Date	11/18/2000			
shall not employ any person in any manner so as to subject to the workers' compensation	nit is for \$100 or less) I certify that in the performance become subject, te the workers' compensation laws of the 37hor of the task of Code, I shall forthwith comply	O 110 1 1 4	this permit is issued, I hat if I should become			
Date $\frac{9/14/\infty}{A}$	pplicant Signature & KWillies					
CRIMINAL PENALTIES AND CIVIL FINES UP	COMPENSATION COVERAGE IS UNLAWFUL AN TO ONE HUNDRED THOUSAND DOLLARS (\$10 R IN SECTION 3706 OF THE LABOR CODE, INTER!	0,000) IN ADDITION	TO THE COST OF			



DEVELOPMENT SERVICES DIVISION

FACED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faced request must be received by this effice by 3:00 p.m. to be processed the following work dep. Note: Contractors must have a current certificate of Worker's Compassation Insurance. Note: Work started before a Building Fermit is issued will be subtrated and fac

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

	DESCRIPTION OF WORK	Ner	C March C wings! D stores	-	*	HOT CTICKET	500	OC Design	EN REROOF (traducing tile) B TEAR-OFF	NATURE OF REQUEST:	Phone: 768-7	Address 3339	Pronerty Owner.	⇒ CONTACT PERSON.	JOB ADDRESS: 2329	ja
1-8ASE STREET	heign Review opposytal any be equired for treeling units.		Value of their work:	Stribe.	Wall for	£	,	CHANGE OUT DASW	HVAC INSTALLATIONS	7	7 686	C St.			. C st	O RESTREMENTAL D
Sye Ip	Design Review approval may be required for mathy mally.	.,		O DRY HOT OR TERMITE		O X.	D Change out D Electric to Gas	GV2 () STECLARC	WATER RETAR	Indicate from the selections below & provide details under description of	City/State/Zip:	Contractor:	Jilhems → c	UNIT #	AFARTMENTS (#++NE pr baiding)	
W ISID FEH		O Replaced O Where O Where	O Gas Line Registrates	□ Water Service Replacement	D Altraje	D New electric pincuits	O Slovenic Service Charge	MINOR PLUMBING	O MINOR ELECTRIC	X	Resentite Co	Engle Righe Court	CONTACT PHONE: 772-7545	→ CONTRACT PRICE S	O S COMMERCIAL disting	
2002		building permit	Correction Notice Hems		DACE .	CLOWSD		SAFETY INSPECTIONS CHESTONIA and single spensors		772-7545	951.78	License # 704970	12-7545	uczs 12,000	9	NIDED: