

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0610878

Insp Area: 3

Thos Bros: 297G7

Site Address: 2165 35TH ST SAC

Parcel No: 010-0142-022

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR  
PARSONS ROOFING  
16 LIGHT SKY COURT #3  
SAC CA 95828

OWNER  
SHERLOCK DONALD M  
7345 L ARBRE WY  
SACRAMENTO, CA 95831

ARCHITECT

Nature of Work: REROOF T/O RESHEET INSTALL 5 SQRS 20 YR 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.

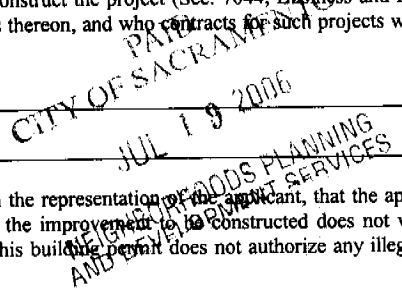
License Class C39 License Number 191647 Date 7/19/06 Contractor Signature Lorance E Bowles

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 DM 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 7/19/06 Applicant/Agent Signature Lorance E Bowles

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 0001700-2003 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 7/19/06 Applicant Signature Lorance E Bowles

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.

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO  
 PLANNING & BUILDING DIVISION  
 PERMIT SERVICES SECTION  
 (916) 808-2534 FAX: (916) 808-7046

|  |  |
|--|--|
| ACTIVITY #<br><span style="font-size: 1.5em; font-family: cursive;">0610878</span> | Insp. Area<br><span style="font-size: 1.5em; font-family: cursive;">3</span> |
|--|--|

Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2165-35th St., Sacto Suite: \_\_\_\_\_

PARCEL #: \_\_\_\_\_

|   |   |
|---|---|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>M+M Property</u><br/>                 Street Address: <u>1401- El Camino</u><br/>                 City/State/Zip: <u>Sacto, Ca - 95815</u><br/>                 Phone: <u>923-6181-x120</u><br/>                 E-Mail: <u>Sanwindas</u></p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>191647</u></p> <p>Name: <u>Parsons Roofing Co</u><br/>                 Street Address: <u>16 Light sky Ct #3</u><br/>                 City/State/Zip: <u>Sacto Ca - 95828</u><br/>                 Phone: <u>916-870-4771</u><br/>                 E-Mail: <u>Larry Bowler</u></p> |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: _____<br/>                 Street Address: _____<br/>                 City/State/Zip: <u>NA</u><br/>                 Phone: _____<br/>                 E-Mail: _____</p>  | <p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>M+M Property</u><br/>                 Street Address: <u>1401- El Camino av</u><br/>                 City/State/Zip: <u>Sacto, Ca - 95815</u><br/>                 Phone: <u>916-923-6181-x120</u><br/>                 E-Mail: _____</p>   |

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: StadFund

⇒ WORKER'S COMPANSATION POLICY # AVI 285-VT1900 EXPRATION DATE: 11/17

NATURE OF WORK IN DETAIL: Tearoff - 4x12-garage 1 story install  
1/2" CDX plywood, 30lb felt & 20 year comp - 5

OCCUPANT/TENANT: NA VALUATION: 3105.00

| FLOOD STATUS:          |             |          | S.C.A.T. |            |            |                 |       |          |           |             |
|------------------------|-------------|----------|----------|------------|------------|-----------------|-------|----------|-----------|-------------|
| JOB DISCRPTION         | BLDG        | SHELL    | APT      | TI ( )     | REM ( )    | SW              | FIRE  | ADD      | OTH       |             |
| INSPECTION DISCIPLINES |             |          | BLDG     | MECH       | PLUMB      | ELEC            |       | SITE     | FIRE      |             |
| # Stories              | 1" Fir Area | Code     | Use      | Occp Group | Coast type | Fire Req. Y / N |       | Fed Code | Vio. [H]  | File [Quad] |
|                        |             |          |          |            |            | SPR             | ALARM |          |           |             |
| <b>B</b>               | <b>L</b>    | <b>P</b> | <b>M</b> | <b>E</b>   | <b>F</b>   | <b>S</b>        |       | <b>D</b> | <b>PW</b> | <b>UTIL</b> |

COMMENTS:

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REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed