

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509537

Insp Area: 4

Thos Bros: 277H7

Site Address: 2039 CANTERBURY RD SAC

Sub-Type: RES

Parcel No: 275-0231-003

INPROGRESS INSPECTIONS REQUIRED.

Housing (Y/N):

N

CONTRACTOR

ROD READ & SONS
1841 MAPLE GLEN RD
SAC CA 95864

OWNER

MARK M/HELEN P READ 2004 FAMILY TRUST
6211 SUMMERSET LN
CITRUS HEIGHTS, CA 95621

ARCHITECT

Nature of Work: Paperless Permit- reroof, tear off & install 20sq dim comp. install HVAC, split system. new branch circuits & dry rot repair.SMOKE DETECTORS REQUIRED as per 2001 CBC

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 B License Number 142061 Date 6/30/05 Contractor Signature [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).

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 herby 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 ^{PAID} ~~to 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 COMMERCIAL CASUALTY ^{NEIGHBORHOODS} AND DEVELOPMENTS Policy Number Z5078913J Exp Date 11/12/2005

(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 6/30/05 Applicant Signature [Signature]

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.

IFS-0231-003



Downtown Permit Center 1-916-264-8907
1231 I Street, Suite 200, Sacramento, CA 95814

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-6666 OR 1-866-EZ-PERMIT
Inspection: 1-916-805-4677



North Permit Center 1-916-804-2354
2101 Avenue Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION
(certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day.

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 quad fee.

0509537

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2039 Centerbury Rd, Sac. 95815 Unit # — Contract Price \$ 12,000
Contact Person: Wael Read
Contractor: Rod Read & Sons - Wael Read
Property Owner: Wael Read
Address: 10211 Summer St Ln
City/State/Zip: Citrus Heights, CA 95021
Phone: (916) 489-1843 FAX: (916) 489-7214

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.
 Reroof (excluding tile) HVAC Installations (Residential Only) Water Heater (Residential Only) Minor Electric and/or Minor Plumbing (Residential Only) Public Utilities Safety Inspection (Residential and single apartment units Only) SMTD PG&E

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Restick <input checked="" type="checkbox"/> House Garage # Stories: 1 # Squares: 220 Material: AD. UP Sliding differential Wood T-111 Horiz Vinyl Stucco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect unit to	<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 checked="" 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 Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMTD <input type="checkbox"/> PG&E NOTE: Correction Notice items will require an additional building permit.
--	---	---	--	---

DESCRIPTION OF WORK:
Above work & dry pot repair

0509537
P.1

Jun 29 05 03:10p

lakeview

729 0484

Sep-23-2004 2:36PM

POINT WEST INS.

No.6401 P. 3

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID 5G
RODRS-3

DATE (MM/DD/YYYY)
08/04/04

PRODUCER

POINT WEST Insurance Assoc.
P.O. Box 255647
Sacramento CA 95865
Phone: 916-925-5155 Fax: 916-925-0928

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Red Read & Sons
A Partnership
6111 Summeret Lane
Citrus Heights CA 95621

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: Financial Pacific Insurance Co
INSURER B: Allied Group Insurance
INSURER C: Tops Insurance Co
INSURER D: California Indemnity Insurance
INSURER E:

00035

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	TYPE OF INSURANCE	POLICY NUMBER	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	1567706	07/01/04	07/01/05	EACH OCCURRENCE \$1,000,000 MED EXP (Any one person) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER. <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ACP BA 7801593128	07/01/04	07/01/05	COMBINED SINGLE LIMIT (Per accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	XL18786	07/01/04	07/01/05	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERS UNDER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	250789133	11/12/03	11/12/04	WC STATUS: DIR-BA EL EACH ACCIDENT \$1,000,000 EL DISEASE - BA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$2,000,000

Certificate holder is named as additional insured as respects liability but only for work performed by or on behalf of our insured at locations under contract with certificate holder per Financial Pacific's endorsement JG20101093-Modified. *10 days notice of cancellation for non-payment of premium applies.

COPY

CERTIFICATE HOLDER

City of Sacramento
Attn: George Wilson
1231 "I" St., Rm. 200
Sacramento CA 95814

CITYO-3

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE