

MODE = MEMORY TRANSMISSION START=AUG-05 09:37 END=AUG-05 09:40

FILE NO.=852

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	8	96358626	003/003	00:02:34

-CITY OF SACRAMENTO -

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

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0514427

ISSUED *per*
AUG 04 2005

TRANSACTION DATE: 08/05/2005
TRANSACTION AMOUNT: 229.48
NOTATION:

Sacramento Building Division.

APD #: 0511579
SITE ADDRESS: 836 COMMONS DR SAC
PARCEL: 295-0401-013

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

Mixed-Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		229.48

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	17.22	.00	17.22
207	Strong Motion (SMI)	1600	4.30	.00	4.30
213	General Plan Surcharge	1760	25.96	.00	25.96
259	Bldg-Technology Surchar	1750	7.00	.00	7.00

PAID
CITY OF SACRAMENTO
AUG 6 8 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT

Car Pac

BUILDING DIVISION
(916) 808-BLDG (2534)

Site Address: 836 COMMONS DR, SACRAMENTO, CA
Nature of Work: tench & re-roof with Duro
Asst. in white color.

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.
Signature: *Thomas A. Bedford*

Building Permit

City of Sacramento



PLANNING & BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

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

ISSUED

*Permit No: 0511579 Date Issued: 8-4-2005 Total Amount: 229.48

AUG 04 2005

Sacramento Building Division

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

Site Address: 836, 838, 840, 842 Commons Dr Nature of Work: Tear off & reroof with Duro last in white color.

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 416821 Date 8/2/05 Signature Sandra L Bedford

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 3 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. D & 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 8/02/05 Applicant/Agent Signature Sandra L Bedford

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 169782904 Expiration Date 07-31-05

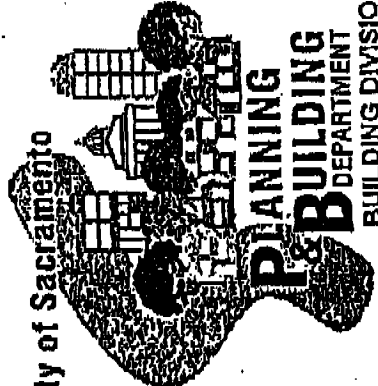
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 8/02/05 Applicant Signature Sandra L Bedford

WARNING: FAILURE TO SECURE WORKERS 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.

FAXED 81605



Fax # (916) 264-1901

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

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

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

Job Address: 836, 838, 840, 848 Commons Dr.	Contract Price \$ 43,040.00	Unit #
Parcel Number:	CONTACT PHONE: (916) 635-6300	
CONTACT PERSON: Ysop Perez	Contractor: Cal-fac Roofing License # 416821	
Property Owner: Campus Commons Village	Address: 11261 Coloma Rd.	
Address: 836 Commons Dr.	City/State/Zip: Rancho Bodega Ca 94670	
City/State/Zip: Sacramento 95825	Phone: (916) 635-6300	FAX: (916) 635-8626
Phone: (916) 441-2859		

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

Description of Work: Tear off ext roof and reroof with Dur-o-Last in white color.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 2 <input type="checkbox"/> GARAGE # SQUARES 3+ # Stories: 1 Material:	(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"/> Split 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: \$	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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 <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Joints <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"/> SIMUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MIN 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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*NOTE: Correction Notice items will require an

SAS
 051579
 AREA 2
 FAXED
 8/3/05

ROOFING QUESTIONNAIRE

Applicant's name: Cal-Pac Roofing Phone: 916) 35-12300

Project Address: 836, 838, 840, 842 Commons Dr.

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

- 1. ROOFING TYPE**
- a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:
- | | | |
|--------------------------|--------------------------|---|
| <u>Existing</u> | <u>Proposed</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | 30-year laminated dimensional composition wood shake or shingle |
| <input type="checkbox"/> | <input type="checkbox"/> | tile |
| <input type="checkbox"/> | <input type="checkbox"/> | metal that simulates one of the above listed materials |
- b. The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:
- | | | |
|-------------------------------------|-------------------------------------|----------|
| <u>Existing</u> | <u>Proposed</u> | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Membrane |

- 2. GUTTERS**
- a. The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
 - New fascia gutters shall be provided. (if located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
 - Gutters shall be repaired and/or replaced to match existing.
- b. The existing gutters are Ogee gutters.
- There is no change proposed to existing gutters.
 - New Ogee gutters shall be provided.
 - Gutters shall be repaired and/or replaced to match existing.
- c. There are no existing gutters.
- No new gutters are proposed.
 - New Ogee gutters shall be provided.

- 3. RAFTER TAILS**
- a. There are no exposed rafter tails.
- b. There are exposed rafter tails.
- There is no change or cutting proposed to existing rafter tails.
 - Rafter tails shall be repaired and replaced to match existing. (if checked and project address is in any DR area route to DR staff).

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 8/7/05

For City Staff use only Counter Staff [Signature]

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

S:\USERS\jle\procedures\Checklist\Roofing.wps

Att: Hope
Please Fax back att: Sarah 808-5543