

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0507012

Insp Area: 4

Thos Bros: 277D5

Site Address: 2964 BROOKSTONE WY SAC

Parcel No: 225-0474-031

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR  
FIGUEROA'S ROOFING  
7610 LORIN AV  
SACRAMENTO CA 95828

OWNER  
GONZALEZ MARONI ALMA/DAVID A  
2609 STONECREEK DR  
SACRAMENTO, CA 95833

ARCHITECT

**Nature of Work:** T/O & APPLY 30 YEAR DIM LAM COMP ON 1 STORY, 31 SQS. REPLACE FACIA GUTTERS AS NEEDED

**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 G39 License Number 750816 Date 05/18/05 Contractor Signature Carlos M.F.

**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 05/18/05 Applicant/Agent Signature Carlos M.F.

**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.

CRF 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 COMP FUND Policy Number 0002080-2003 Exp Date 01/01/2006

(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 05/18/05 Applicant Signature Carlos M.F.

**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.**



www.cityofsacramento.org  
 Help Line: 1-916-908-5556 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-608-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Fax # 916-264-1901

**CITY OF SACRAMENTO**

**MINOR PERMIT APPLICATION**

Date: 05/18/05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to grand fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

**IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:**

Job Address: 2964 BrooksTone Way Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 CONTACT INFO Name: Carlos ME Phone #: 838-0807 Email: \_\_\_\_\_ Contract Price \$ 7100

Property Owner: David A Ma Contractor: Figueras Roofing License #: 750816  
 Address: 2964 BrooksTone Way Address: 7610 Lorin ave City/State/Zip: Sacto CA 95828  
 City/State/Zip: Sacto CA 95833 City/State/Zip: Sacto CA 95828 Phone: 838-0807 Fax: \_\_\_\_\_  
 Phone: 359-1145 Pre-Registered? YES  NO  Registration # \_\_\_\_\_

Nature of Work: Provide description of work & indicate type of work in selections below.  
 Description of Work: Tear off install 30 year Lam. Dim. Comp Gutters 7 inch seamless

|  |  |   |   |  |
|--|--|---|---|--|
| <input checked="" type="checkbox"/> Reroof (excluding tile)<br><input type="checkbox"/> Tear-Off<br><input type="checkbox"/> Resheet<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Garage<br># Stories: <u>1</u><br># Squares: <u>31</u><br>Material: <u>Comp.</u><br><input type="checkbox"/> Siding<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Horiz<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Stucco | <input type="checkbox"/> HVAC Installations (Residential Only)<br><input type="checkbox"/> Change-out <input type="checkbox"/> New<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or elect. unit to gas.<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: _____<br>Equipment: \$ _____<br>Cut-in: \$ _____ | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Electric <input type="checkbox"/> Gas<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termitie<br>Damage Repair<br><input type="checkbox"/> Flooring/Joists<br><input type="checkbox"/> Mudsill/Studs<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Exterior | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only)<br><input type="checkbox"/> Electric Service Change<br># amps _____<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection<br>(Residential and single apartment units Only)<br><input type="checkbox"/> SMUD <input type="checkbox"/> PG&E<br>* NOTE *<br>Correction Notice items will require an additional building permit.<br>Permit #: <u>0507012</u> |
| Office Use Only: Parcel #:   | Date Received: <u>5/18/05</u>  | Date Issued: _____  | Processor's Initials: <u>DAC</u>  | Permit #: <u>0507012</u>   |



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Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-7622

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North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

**ROOFING QUESTIONNAIRE**

Applicant's Name: FIGUEROA'S ROOFING Phone: 838-0807

Project Address: 2964 BROOKSTONE WAY Phone:  
SACTO CA 95833

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 will be:

| Existing                            | Proposed                            |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 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 new roofing material will be:

| Existing                 | Proposed                 |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input 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.  
 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 no existing gutters.

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

Applicant's signature: Carlos MF Date: 03/18/10

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 a DR or P area