

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0405345

Insp Area: 3

Thos Bros: 318C4

Site Address: 7441 PEACOCK WY SAC

Parcel No: 023-0185-024

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

POWERS JANICE E  
7441 PEACOCK WY  
SACRAMENTO CA 95820

Nature of Work: REROOF T/O RESHT SNGL STRY INSTALL 30YR DIM 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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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 4-7-04  Owner Signature *David J. Plummer*

**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 4-7-04  Applicant/Agent Signature *David J. Plummer*

**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 \_\_\_\_\_ Policy Number \_\_\_\_\_

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 4-7-04  Applicant Signature *David J. Plummer*

**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.**

PAID  
APR 07 2004  
NORTH PERMIT



DEPARTMENT OF  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO  
CALIFORNIA

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2904

DEVELOPMENT SERVICES  
DIVISION

916-264-7619  
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the City's Standard  
Owner-Builder Notification and Owner-Builder Verification, as required by  
California Health and Safety Code Section 19830 and 19831. I authorize my  
agent(s) D + D ROOFING

to sign the Owner-Builder Verification on my behalf.

Signature JANICE E. POWERS  
Print Name JANICE E. POWERS  
Address 7441 PEACOCK WAY  
SACRAMENTO, CA. 95820  
Telephone (916) 386-2123



Downtown Permit Center 1-916-264-6807  
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

**OWNER-BUILDER VERIFICATION**  
**ATTENTION PROPERTY OWNERS**

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this form is received.

- I personally plan to provide the major labor and materials for construction of the proposed improvements (yes or no) No
- I (have/have not) HAVE signed and application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name D + D ROOFING Address 9078 HAZEL OAKS CT.  
 City ORANGEVALE Telephone (916) 988-5958  
 Contractors License No. C-642025

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

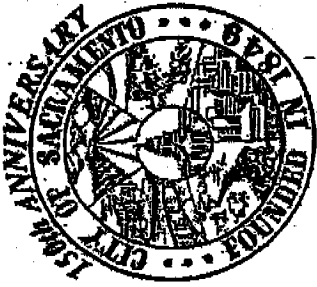
Name RUSS JOHNSON CONSTRUCTION Address 5536 WHITNEY AVE  
 City CARMICHAEL Telephone (916) 484-7109  
 Contractors License No. 724185

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of Work

Signed JANICE E. POWERS JANICE E. POWERS  
 Job Address 7441 PEACOCK WAY, SACRAMENTO, CA. 95820

Permit No: \_\_\_\_\_



DATE: 4-7-04

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

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

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

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

JOB ADDRESS: 7441 Research UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 5,640

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

Property Owner: James Powers License # C642023  
Address: 5078 Wood Oak Ct  
City/State/Zip: Oroville, CA  
Phone: 988-5958 FAX: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # SQUARES: <u>17</u> Material: <u>30 yr. Dimensional Shingles</u> <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <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"/> Other (describe below) Value of duct work: Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<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 TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input 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"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK:

Remove & Replace roof install 30 yr Shingles