

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0512501

Insp Area: 4

Thos Bros: 277C4

Site Address: 1624 VALLARTA CR SAC

Parcel No: 225-0890-068

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR  
ORTIZ ROOFING  
1412 ASCOT AV  
RIO LINDA CA. 95673

OWNER  
ISO BRIAN/ELIZABETH  
1624 VALLARTA CR  
SACRAMENTO, CA 95834

ARCHITECT

Nature of Work: PAPERLESS, T/O, RESHEET & REROOF 23SQ'S WITH 30YR DIM LAM 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 277017 Date 8-17-05 Contractor Signature Rashim Ortiz

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: AUG 17 2005

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 8-17-05 Applicant/Agent Signature Rashim Ortiz

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: EXEMPT Policy Number NO EMPLOYEES Exp Date

K.O. (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 8-17-05 Applicant Signature Rashim Ortiz

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.

1A

225-0890-068



CITY OF SACRAMENTO

www.cityofsacramento.org  
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

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

05/2501

MINOR PERMIT APPLICATION

Date: 8-17-05

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 valid certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to grand fee. SAC PLANNING

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:

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

Job Address: 1624 Villalobos Circle Bidg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
CONTACT INFO Name: Jerry Ortiz Phone # 916-413-5261 Email: Unit # Contract Price \$6,000

Property Owner: ISO Contractor: Ortiz Roofing License #: 277017

Address: 661-6th Str #117

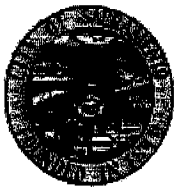
City/State/Zip: Lincoln, CA 95628

Phone: 916-991-0813 Fax: 916-991-0873

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration #

Description of Work: tear-off, resheet, reroof w/ 30yr comp \$18854

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 1 # Squares: 23 Material: comp <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shucco	<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: \$	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relo/sate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitie <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or 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"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only: Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



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

### ROOFING QUESTIONNAIRE

Applicant's Name: Ortiz Roofing Phone: 916-991-0813  
 Project Address: 1624 Vallarta Circle Phone:

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:

Existing	Proposed	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 year laminated dimensional composition
<input checked="" 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 existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall 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.  Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: [Signature] Date: 8-17-05

FOR CITY STAFF USE ONLY

Counter Staff

- 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