

IN PROGRESS  
INSPECTION REQUIRED

Building Permit

AREA 1

City of Sacramento



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

FAXED

JAN 30 2004

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

ISSUED

Permit No: 04-01541  
Date Issued: 2/2/04  
Total Amount: \$ 184.75

FEB 02 2004

Sacramento Building Division

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

Site Address: 2504 L ST  
Nature of Work: Re Roof To sheet NOGEE GUT.  
LAMINATED DIMENSIONAL install 16" four comp. TERZ  
NO OTHER WORK

APPROVED BY ASHLEY

Central City Design Area Reg.

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 C-39 License Number 719224 Date 9/04 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 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 Professions 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1/22/04 Applicant/Agent Signature [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 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 Expiration Date \_\_\_\_\_  
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 1/22/04 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

**FAXED**

Faxed request received in this office before 3:00 p.m. will be processed the following work order. 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.

JAN 30 2004



**PLANNING BUILDING DEPARTMENT**  
BUILDING DIVISION  
Fax # (916) 264-1901

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: 2504 U St	Contract Price: \$500	Unit #
Parcel Number: 010-0114-004	CONTACT PHONE: 723-1621	
CONTACT PERSON: Bob Anderson	Contractor: Bob Anderson License # 719926	
Property Owner: Matthew Valerich	Address: 9511 Washington Blvd # 520	
Address: 2621 P St # 5 816	City/State/Zip: Red Bluff CA 95678	
City/State/Zip: Sac CA 95816	Phone: 82-2950	FAX: 824-3449
Phone: 453-9486		

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

Description of Work: To One & Two Sheet Boston 16 to 40 sq cm. Jessica Review, Day P.F.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HOUSE 166 # SQUARES 2 <input type="checkbox"/> GARAGE 3+ # Stories: 1 Material: 40 sq cm	(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: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <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 <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudsill/Studs <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"/> SMUD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amp: <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 NR Faxback Permit Updated 12/09/01
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Dec 12 2003 17:17:27 Via Fax ->

**FAXED**

DEC 12 2003

Advanced Roofing

Page 002 OF 002



**CONTRACTORS STATE LICENSE BOARD**  
9821 Business Park Drive, Sacramento, California 95827  
Mailing Address: P. O. Box 20000, Sacramento, CA, 95826  
900-321-CSLB (2782) or (916) 258-3600  
www.cslb.ca.gov

STATE OF CALIFORNIA  
Gray Davis, Governor

**EXEMPTION FROM WORKERS' COMPENSATION**

Pursuant to Section 7126 of the Business and Professions Code, prior to issuance of a new license, reinstatement, reactivation or renewal of an existing license, and as a condition of continued maintenance of an existing license, the applicant or licensee must have on file a Certificate of Workers' Compensation Insurance or a Certificate of Self-Insurance from the Director of Industrial Relations. If the applicant or licensee has no employees, an exemption certificate must be submitted, certifying under penalty of perjury that he/she does not employ any person in any manner to be subject to the Workers' Compensation laws of California. An exemption certificate is not required on an inactive license.

**IMPORTANT: DO NOT SUBMIT THIS EXEMPTION IF THE LICENSE IS QUALIFIED BY A RME.  
DO NOT SUBMIT THIS EXEMPTION IF YOU EMPLOY ANY PERSONS.  
MARK ONLY ONE BOX.**

- OUT-OF-STATE CONTRACTORS:** If you do not hire employees who reside in California, complete this exemption certificate, sign, date and submit it to the CSLB.
- EMPLOYEES PROVIDED BY A LEASING COMPANY:** If your employees are provided by an agency and covered by a Certificate of Workers' Compensation from that firm, complete this exemption certificate, sign, date and submit it to the CSLB with the name of the leasing company.  

INDEPENDENT STAFFING SOLUTIONS  
NAME OF LEASING COMPANY
- NO EMPLOYEES:** If you do not employ any person in any manner so as to become subject to the Workers' Compensation laws of California, complete this exemption certificate, sign, date and submit it to the CSLB.

**TYPE OR PRINT IN INK LEGIBLY**

1. BUSINESS NAME (as it currently appears on the records of the CSLB) <i>Advanced Roofing</i>		2. LICENSE OR APPLICATION FEE NUMBER <i>719926</i>	
3. BUSINESS MAILING ADDRESS (Number/Street or P.O. Box) <i>951 Washington Blvd #20</i>		CITY <i>Roseville</i>	STATE ZIP CODE <i>CA 95678</i>
4. BUSINESS TELEPHONE NUMBER <i>(916) 782-2960</i>	FAX NUMBER <i>(916) 784-3449</i>	E-MAIL ADDRESS <i>advancedroofing2003@ymail.com</i>	

**FALSIFICATION OF ANY DOCUMENT IS CAUSE FOR DISCIPLINARY ACTION**

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate. I also understand that any changes to the personnel on the license must be reported within 90 days. Failure to notify the CSLB of any changes is grounds for disciplinary action.

On 12/15/03 at Placer County 9501, CA  
DATE CITY/COUNTY, STATE

Signature of Owner, Partner, or Officer [Signature]  
Print Name Robert S Anderson.



CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0401541**  
**Bldg Minor Permit**  
as of 02-02-2004 Permit Status: **READY**

283  
1421

Site Address: **2504 U ST SAC**  
Parcel No: 010-0114-004  
Thomas Bros: 297E6

CONTRACTOR  
ADVANCED ROOFING  
PO BOX 764  
ROSEVILLE CA 95678  
Phone: 782-2900

OWNER  
MATHEW VALENCICH  
2621 P ST  
SACRAMENTO CA 95816  
Phone: 453-9486

ARCHITECT  
  
Phone:

**Nature of Work:** T/O,,RESHEET,&RROOF 1 STORY HOUSE W/16SQS 40 YR DIMENSIONAL LAMINATED COMP.NEW OGEE GUTTERS.(NO OTHER WORK)

Permit Valuation: \$5,500.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.55	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$2.20	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek .....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$184.75</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$184.75</b>

PAID  
CITY OF SACRAMENTO

FEB 2 2004

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=FEB-02 11:57

END=FEB-02 12:13

FILE NO. =698

STN NO.	COMM.	ONE-TOUCH/ RBBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	BUSY		99843449	000/004	00:00:00

784 3449  
-CITY OF SACRAMENTO

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

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FEB 02 2004

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*  
Site Address: 2504 W ST  
Nature of Work: RE ROOF TO MATCH N O GEE GUT. LAMINATED DIMENSIONAL SHINGLES 16x30 1/2" COMP-1574

*Central City De Anza Area Reg.*

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.)  
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I, as 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 Professions 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.

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Carrier Exempt Expiration Date \_\_\_\_\_  
Policy Number \_\_\_\_\_

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THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.