

MODE = MEMORY TRANSMISSION

START=JUL-28 09:23

END=JUL-28 09:26

FILE NO.=697

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	93838232	004/004	00:01:35

-CITY OF SACRAMENTO -

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

## CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0513764  
 TRANSACTION DATE: 07/28/2005  
 TRANSACTION AMOUNT: 186.95  
 NOTATION:

**ISSUED**

JUL 28 2005

*Searg*

Sacramento Building Division

APD #: 0511161  
 SITE ADDRESS: 5890 HOLLYHURST WY SAC  
 PARCEL: 117-0104-016

Mixed Income Housing  
 Fee Program  
 ??

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

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	186.95

RECEIPT ACCOUNT ITEM LIST

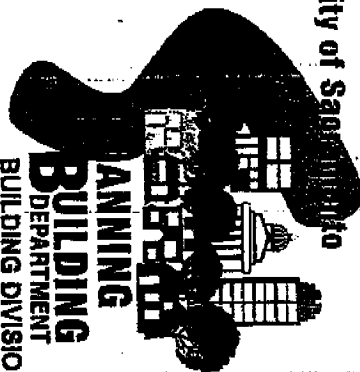
Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.00	.00	2.00
213	General Plan Surcharge	1760	2.95	.00	2.95
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

*Paul Schrimmer*

**PAID**  
 CITY OF SACRAMENTO

JUL 28 2005

**NEIGHBORHOOD PLANNING  
 AND DEVELOPMENT SERVICES**



City of Sacramento

**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

*OS/1/16/16*  
*AREA 2*

In order to process this request, ALL of the following information

MUST be provided:

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

Fax # (916) 264-1901

Inspection Request # (916) 264-7822

Credit Card Info on File? Yes  No

Job Address: 5890 Hollister Way Unit # \_\_\_\_\_  
 Parcel Number: 17-0104-016  
 CONTACT PERSON: Paul  
 Property Owner: Shelby Wineinger  
 Address: 5890 Hollister  
 City/State/Zip: Sacramento CA 95823  
 Phone: 916-451-1696  
 Contractor: Paul D. Schirmer License # 457996  
 Address: 7711 Lorain Ave.  
 City/State/Zip: Sacramento CA 95828  
 Phone: 916-383-7354 FAX: 916-383-8232

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

tear off - reroof

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE # HOUSE <u>23</u> # SQUARES <u>2</u> # Stories <u>3+</u> Material: <u>soy Dim Comp</u>	<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"/> Spill 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cuts-in: \$ _____	<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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill/Studs <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"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	<input type="checkbox"/> MINOR ELECTRICAL and/or MINOR 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

\* Design Review approval may be required.

\* Design Review approval may be required.

\*NOTE: Correction Notice items will require an additional building permit.

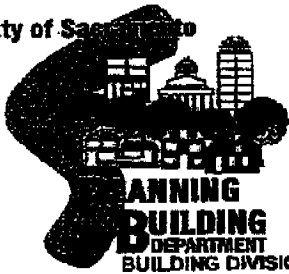
WR Faxback Permit updated 12/29/01

Paul Schirmer

Jul 27 05 10:42a

916-383-8232

p.10



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

ISSUED

*Seay*

Permit No: 051161  
Date Issued: 7-28-05  
Total Amount: 186.95  
Insp Area #: 2

JUL 28 2005

Sacramento Building Division

Inspection Request # (916) 264-7622

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

Site Address: 5890 Hollyhurst Way  
Nature of Work: tear off / resheath / re roof

\*\*\*\*\*  
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 457996 Date 7-27-05 Signature [Signature]

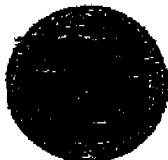
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 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. \_\_\_\_\_ 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 7-27-05 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 STATE FUND  
Policy Number 1287331-04 Expiration Date 10/31/05  
(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 7-27-05 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.



CITY OF SACRAMENTO  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION

WWW.CITYOFSACRAMENTO.ORG

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-4677



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: Paul Schirmer Phone: 451-7696  
Project Address: 5590 Hollyhurst Way 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 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: Paul Schirmer Date: 7-27-05

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 a DR or P area

PBF10023

TOTAL P.02