

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

\*COPY\* 05/20/2005

RECEIPT NUMBER: R0508834

**ISSUED**

*George*

MAY 20 2005

TRANSACTION DATE: 05/20/2005  
TRANSACTION AMOUNT: 182.88  
NOTATION:

Sacramento Building Division

APD #: **0507125**

SITE ADDRESS: 8157 PAVIA WY SAC

PARCEL: 117-0420-032

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

Mixed Income Housing  
Fee Program  
??

## TRANSACTION LIST

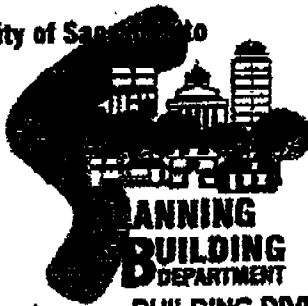
Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	182.88

## 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	.29	.00	.29
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

**PAID**  
CITY OF SACRAMENTO  
MAY 20 2005  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

Building Permit

ISSUED

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

MAY 20 2005

Permit No: 0507125
Date Issued: 05/19/05
Total Amount: \$182.88

Sacramento Building Division

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

Site Address: 8157 PAVIA WAY
Nature of Work: Roof overbay

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: 726380 Date: May 19, 05 Signature: Fanny Peterson

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: May 19, 05 Applicant/Agent Signature: Fanny Peterson

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-insurance 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: 285-1789-04 Expiration Date: 12/05

(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: May 19, 05 Applicant Signature: Fanny Peterson

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.



Fax # (916) 264-1901

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

In order to process this request, ALL of the following information MUST be provided:

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

Job Address: 8157 PAULI WAY SACRAMENTO CA  
 Parcel Number: 17-0920-032  
 CONTACT PERSON: RANDY PETERS ON  
 Property Owner: BRYANT ARMADILLO  
 Address: 4510 PACIFIC RIM WAY  
 City/State/Zip: SAN JOSE, CA 95121  
 Phone: 408-509-8384  
 Contract Price \$ 3,725.00  
 CONTACT PHONE: 530-677-6025  
 Contractor: RELIABLE REMEDIATION  
 License # 726380  
 Address: 3516 STROLLING HILLS RD.  
 City/State/Zip: PAMUNDELL PARK CA 95687  
 Phone: 530-677-6025 FAX: 530-672-2706

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

Description of Work: *Overlaid existing roof with 30 yr composition shingles*

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE <input type="checkbox"/> SQUARES <i>27</i> <input type="checkbox"/> # SQUARES <i>27</i> <input type="checkbox"/> # Stories <i>1</i> <input type="checkbox"/> Material: <i>Composition shingles</i>	<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"/> Curb <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wait furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of direct work: \$ Equipment: \$ Curb-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"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mould/Mildew <input type="checkbox"/> Interior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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	<input type="checkbox"/> (Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change <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
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\* Design Review approval may be required.

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

NR Feedback Permit updated 12/19/03

# ROOFING QUESTIONNAIRE

Applicant's name: AYANT BOMANLAE Phone: 408-504-0384

Project Address: 8157 PAVIA WAY, SACRAMENTO, CA

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 |

N/A

### 2. GUTTERS

a.  The existing gutters are fascia gutters.

- There is no change proposed to existing gutters.
- New fascia gutters shall be provided. (If located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
- 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 exposed rafter tails.

- There is no change or cutting proposed to existing rafter tails.
- Rafter tails shall be repaired and replaced to match existing. (If checked and project address is in any DR area route to DR staff).

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

Applicant's signature: Fanny Pederson Date: May 19, 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 DR/P area

MODE = MEMORY TRANSMISSION

START=MAY-20 08:47

END=MAY-20 08:50

FILE NO.=739

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	915306722706	006/006	00:03:02

-CITY OF SACRAMENTO -

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

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