

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0510971

Insp Area: 3

Thos Bros: 298F7

Site Address: 8537 EVERGLADE DR SAC

Parcel No: 078-0172-017

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
ALTA CAL ROOFING
2720 DANUBE AV
DAVIS CA 95616

OWNER
RAVERA MARK A/MARIA V
8537 EVERGLADE DR
SACRAMENTO, CA 95826

ARCHITECT

Nature of Work: PAPERLESS, TEAR OFF COMP ROOF, INSTALL 22 SQUARES OF 50 YR COMP - IN PROGRESS, INSPECTION REQUIRED

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-37 License Number 729314 Date 7/27/05 Contractor 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 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. CITY OF SACRAMENTO

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 NO EMPLOYEES Policy Number Exp Date

(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.



FAXED PERMIT APPLICATION (certain restrictions apply)

Form # 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 penalties.

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

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

JOB ADDRESS: 8537 EVERGLADE DR UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 5600

CONTACT PERSON: Dave Kuderer CONTRACT PHONE: 1-800-956-1996

Property Owner: MARIA RUDER  
Address: 8537 EVERGLADE DR  
City/State/Zip: SAC, CA 95826  
Phone: 916-942-3100  
Contractor: ALTA CNL ADDHDG License # 229314  
Address: 2988 WILSON CT  
City/State/Zip: RESDOR, CA 95612  
Phone: 800-956-1996 FAX: SAME

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

<input checked="" type="checkbox"/> REPAIR (existing tile) <input type="checkbox"/> TYPAR-OPP <input type="checkbox"/> REBUILT <input checked="" type="checkbox"/> HOUSE GARAGE <input checked="" type="checkbox"/> STAIRS <input type="checkbox"/> PORCH <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> DRIVE	<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 Insulation <input type="checkbox"/> Chiller <input type="checkbox"/> Heat pump or other unit to gas. <input type="checkbox"/> Well (describe below) <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential only) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Replace to Gas <input type="checkbox"/> Replace <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential only) <input type="checkbox"/> Specific Service Change if applicable <input type="checkbox"/> New electric service <input type="checkbox"/> Repair <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITY (SAPRTY INS. Residential and all units ONLY) <input type="checkbox"/> SMI <input type="checkbox"/> POI
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DESCRIPTION OF WORK: TEAR OFF COMP ROOFING, INSTALL 50 YEAR COMPOSITE INSTALL 50 yr comp Roof Dimensional.

NOTE: Contractor Not will require all building permit.

Handwritten signatures and dates: OS10971, 9/24/03