

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0510834**
Insp Area: 2
Thos Bros: 337H5

Site Address: **8044 PUKA WY SAC**
Parcel No: 119-0390-030

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
ALTA CAL ROOFING
2720 DANUBE AV
DAVIS CA 95616

OWNER
SHINLEY FRANKLIN JACOB/LINDA
8044 PUKA WY
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: PAPERLESS-IN PROGRESS INSPECTION REQUIRED - TEAR OFF, RESHEET, REROOF W/ 22 SQ 50-YR LAM DIM COMP; TWO STORIES

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 39 License Number 729314 Date 7/26/05 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.

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 7/26/05 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 _____

DK (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 7/26/05 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)
Fax # 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 a fine.

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

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

JOB ADDRESS: 8044 PUKA way UNIT # _____ CONTRACT PRICE \$ 7,900 °°

CONTACT PERSON: DAVE KLUICKER CONTACT PHONE: 800-956-1996

Property Owner: FRANKLIN SHULEY Contractor: ALTA CAL ROOFING License # 1229314
Address: 8044 PUKA way Address: 2988 WINDSOR COURT
City/State/Zip: SAG, CA 95823 City/State/Zip: ROCKVILLE, CA 95823
Phone: 916-391-9022 Phone: 800-956-1996 TAX: SAME

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

<input checked="" type="checkbox"/> REMOVE (indicate the) <input checked="" type="checkbox"/> TEAR-OFF ROOFING <input checked="" type="checkbox"/> HOUSE GARAGE or STAKES Materials: <u>COMPOSITE</u>	<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"/> Chiller <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Vent fan/boiler <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"/> Upgrade to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change if equip _____ <input type="checkbox"/> New electrical circuits <input type="checkbox"/> Panels <input type="checkbox"/> When Service Replacement <input type="checkbox"/> Power Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Backflow <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTI LITY (residential and other utility ONLY) <input type="checkbox"/> SM1 <input type="checkbox"/> PGE
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> F-111 <input type="checkbox"/> Hardie <input type="checkbox"/> Vinyl <input type="checkbox"/> Other	Value of direct work: _____ Equipment: \$ _____ Cont-lst \$ _____ Note: Building Review approval may be required for rooftop units.	<input type="checkbox"/> DRY ROT OR FUNGUS DAMAGE REPAIR (Describe locations below) Note: Building Review approval may be required in certain areas.	*NOTE: Corrections Not will require an building permits	

DESCRIPTION OF WORK: TEAR OFF STAKES, EASTERN 5/4x4 OSB, INSTALL 50 YEAR COMPOSITE, 50 year Owens Corning.

0510834