

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0309282

Insp Area: 2
Thos Bros: 337 G3

Site Address: 7557 PINON WY SAC
Parcel No: 049-0460-012

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

CONTRACTOR

OWNER
COLATO ARCIDES & MARIA E
7557 PINON WAY
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: REROOF-tear off, resheet, install light weight tile (see engineering)

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 _____ License Number _____ Date _____ Contractor 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);

AC 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 a person 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.)

PAID
CITY OF SACRAMENTO
JUN 8 7 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT DEPT

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 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 am exempt under Sec. _____ B & PC for this reason: _____
Date 6/7/05 Owner Signature Arcides Colato

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 6/7/05 Applicant/Agent Signature Arcides Colato

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:

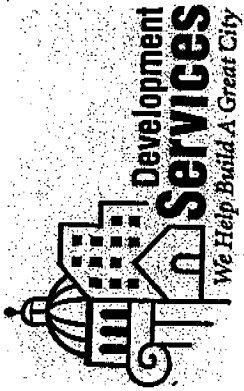
Carrier _____ Policy Number _____ Exp Date _____

AC (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 6/7/05 Applicant Signature Arcides Colato

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

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 6/7/05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM. Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required).

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

Job Address: 7557 Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL **PAID**

CONTACT INFO Name: ARCIDES COLATO Phone #: _____ Unit # _____ Contract Price CITY OF SACRAMENTO

Property Owner:	Contractor:	Registration #
Address: <u>7557 PINON WAY</u>	Address:	<u>JUN 07 2005</u>
City/State/Zip: <u>SACRAMENTO CA 95823</u>	City/State/Zip:	
Phone: <u>916:399 9619</u> CELL: <u>416 3320</u>	Phone:	

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: 710 Resheet and apply concrete tile new butts

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <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"/> 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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below): _____ Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <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 Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<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.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name ARCIOES COLATO Phone 916 399 9619
Address 2557 PINON WAY SACTO CA 95823
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____
Address _____
Type of Work _____

PAID
CITY OF SACRAMENTO

JUN 07 2005

Name _____
Address _____
Type of Work _____

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Arcioes Colato
Date _____ Case No. _____ Permit No. _____
Job Address _____

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

Edgar F. Rodriguez
Civil Engineer
9110 Merrifield Ct
Elk Grove, CA 95624
(916) 212-9892

May 6, 2005

Arcides Colato
7557 Pinon Way
Sacramento, CA 95823

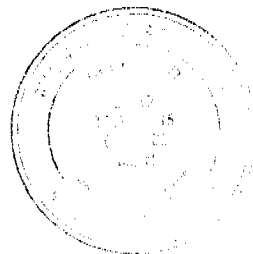
Subject: Roof Support System at
7557 Pinon Way, Sacramento, CA

Dear Mr. Colato:

My office has conducted a field inspection at the subject property. The purpose of the inspection was to determine the ability of the existing roof to support a new concrete tile roof. The existing roof consists of wood shakes. The proposed tiles were on the site and weights were conducted. It was determined that the unit weight is 6.75 psf

A rational analysis of the proposed dead load is as follows:

Tile roof	6.75 psf
(N) ½ plywood	1.6
(E) cleats	.4
Trusses @ 24" oc	2.4
Misc	1.0
Total	12.15 psf



This set of plans is to be used only for the project described herein. It is not to be used for any other project without the written consent of the engineer. The engineer's name and the project name are to be clearly visible on all drawings. The engineer's name and the project name are to be clearly visible on all drawings.

The roof system consists of manufactured roof trusses at 24" oc. The new proposed dead load is within the support capacity of the trusses, thereby the tiles may be installed without compromising the structural integrity of the roof.

Sincerely,

Edgar F. Rodriguez
Civil Engineer

