

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0510295

Insp Area: 1

Thos Bros: 297E6

Site Address: 2325 T ST SAC

Parcel No: 010-0036-013

2325 T ST "A"

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

GUDGEL YANCEY ROOFING
5321 84TH ST
SACRAMENTO CA 95826

OWNER

BRIGHAM MELVINA K/STEPHEN L
2319 T ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: THIS PERMIT IS FOR 2325 AT ST. CONDO OF APPISON APPIN JOB FOLDER. T/O, RESHEET & REROOF 35 SQ'S WITH 50YR DIM LAM COMP.

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/S License Number 589559 Date 7/13/05 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.)

PAID
CITY OF SACRAMENTO

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: NEIGHBORHOODS PLANNING
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 above-mentioned property for inspection purposes.

Date 7/13/05 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 1706798 Exp Date 10/01/2005

(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 7/13/05 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.



CITY OF SACRAMENTO

www.cityofsacramento.org

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

ROOFING QUESTIONNAIRE

Applicant's Name:

Guchel / Yancey

Phone:

387-6900

Project Address:

2325 A T Street

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 will be:

Existing

Proposed

So you
30 year laminated dimensional composition
Wood shake or shingle
Tile
Metal that simulates one of the above listed materials

b. The new roofing material will be:

Existing

Proposed

Built up
Foam
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. There are no existing gutters.

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

Applicant's signature:

[Handwritten Signature]

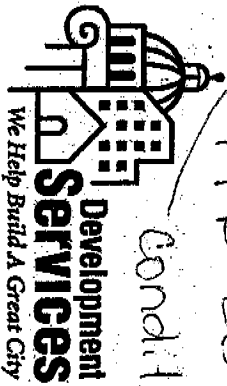
Date:

2/13/08

FOR CITY STAFF USE ONLY

Counter Staff:

- 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



Development Services
We Help Build A Great City

www.cityofsacramento.org
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OS/0288

Downtown Permit Center
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North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax # 916-264-1901

CITY OF SACRAMENTO

guthers

7 PB-50 year lam. dim comp, no rolled roof edges, no new

Conditions of approval

MINOR PERMIT APPLICATION

Date: 7/13/05

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: 2319 7325 Bldg Type: RESIDENTIAL Phone #: 417-4595
Unit # Contract Price \$7000

CONTACT INFO Name: Jason Goodale
Property Owner: STEVE BRONKEMAN
Address: 2319 I Street
City/State/Zip: Sacramento CA 95816
Phone: 387-6500
Contractor: Goodale/Whaley
Address: 5321 Buick St
City/State/Zip: Sacramento CA 95826
Phone: 387-6500 Fax: 387-6500
Pre-Registered? YES NO Registration # License #: 899589

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

Description of Work: Tear off and Re-Seal and Install 50 year Elm Plyform

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 1 # Squares: 38 Material: 50 year Plyform	<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"/> Out-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 Termitte 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 Minor 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 #:



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MINOR PERMIT APPLICATION

Date: 7/13/05

0510295

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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: 2325 I Blvd Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: Steve Blumhans Phone #: _____ Unit # _____ Contract Price \$1800

Property Owner: Steve Blumhans Contractor: David H. Wauson License #: 589559
 Address: 2318 I Street Address: 5221 Sun Street
 City/State/Zip: Sac CA 95816 City/State/Zip: Sac CA 95826
 Phone: _____ Phone: 357-6200 Fax: 357-6204
 Pre-Registered? YES NO Registration # _____

Description of Work: Tear out and re-suit Turfall so open own lines

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>35</u> Material: <u>Sp. Shingles</u> <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: \$ _____ Out-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 Termitte <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor 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. Permit #: <u>\$ 18844</u>
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials: