

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0513088
Insp Area: 1
Thos Bros: 297F6

Site Address: 2808 T ST SAC
Parcel No: 010-0123-003

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

CONTRACTOR
CRC ROOFING
3774 BRADVIEW DR
SACRAMENTO

OWNER
2808 T ST LTD
PO BOX 22910
SACRAMENTO, CA 95822

ARCHITECT

Nature of Work: PAPERLESS - T/O, REROOF 100AQ ON 2 STORY COM WITH SINGLE PLY

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.

X License Class _____ License Number 685834 Date 8-29-05 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);

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. 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).

PAID
CITY OF SACRAMENTO

I am exempt under Sec. _____ B & PC for this reason: _____ AUG 29 2005

Date _____ Owner Signature _____

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the applicant to verify that 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.

X Date 8-24-05 Applicant/Agent 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 COMPENSATION INS FUND Policy Number 285215003 Exp Date 01/01/2006

(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.

X Date 8-29-05 Applicant 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.



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Final request must be received in this office by 5:00 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.

Alman bar
Corridor

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
OSI 3088

JOB ADDRESS: 2808 T Street Sacramento 95818 UNIT # _____ CONTRACT PRICE \$ 33,203.00

⇒ CONTACT PERSON: Miguel Ruiz ⇒ CONTACT PHONE: 916-826-5995 / 362-4373

Property Owner: <u>Wood Properties</u>	Contractor: <u>COR. Roofing</u>	License # <u>485834</u>
Address: <u>PO Box 2291B</u>	Address: <u>3774 Broadway Drive</u>	
City/State/zip: <u>Sacramento, CA 95822</u>	City/State/zip: <u>Sacramento, CA 95827</u>	
Phone: <u>916-428-0900</u>	Phone: <u>916-312-4373</u>	FAX: <u>916-312-8341</u>

NATURE OF REQUEST: _____

Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> ROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # of STORIES <u>2</u> SQUARES <u>100 sq</u> Material: _____	<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)	<input type="checkbox"/> WATER HEATER (residential ONLY) <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"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (for gas and single apartment) PAID CITY OF SACRAMENTO NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES A116 2 9 2005MUD
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> fibritz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of duct work: \$ _____ Equipment: \$ _____ Outlets: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	<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	*NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: REMOVE THE EXISTING WAFFLE AND INSTALL A NEW SLAB PLY RAFTING- INTERIOR



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: CRC Roofing Phone: 916-312-4373
Project Address: 2808 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
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: [Signature]

Date: 8/29/05

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 a DR or P area