

CITY OF SACRAMENTO

Permit No: 0611160

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 277B4

Site Address: 3211 OSUNA WY SAC

Sub-Type: RES

Parcel No: 225-0860-016

Housing (Y/N): N

CONTRACTOR
HOUSH ROOFING CONSTRUCTION
8175 ALPINE AVE SUITE E
SACRAMENTO, CA 95826

OWNER
KAWADA KAREN
3211 OSUNA WY
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: REROOF, TEAR-OFF, RESHEET APPLY 50 YR DIM COMP, ON 1 STORY SFR 25 SQUARES

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 39 License Number 413787 Date 7-24-06 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7-24-06 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:

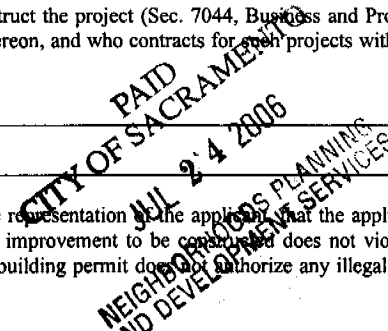
Carrier STATE FUND Policy Number 471-0000491 Exp Date 10/01/2006

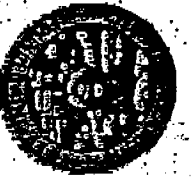
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with these provisions.

Date 7-24-06 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.





**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
[www.ci/sacramento.ca.us](http://www.ci/sacramento.ca.us)  
 Help Line: 1-916-908-6666 OR 1-888-EZ-PERMIT  
 Inspection: 1-916-908-7022



Downtown Permit Center, New City Hall  
 9161 Street, 3rd Floor, Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834  
 Fax # 916-908-1901  
 Fax # 916-908-4370

Activity # DE11160

**FAXED PERMIT APPLICATION**  
 (certain restrictions apply)

Date: 12/4/06

*Permit request must be received in this office by 3:00 P.M. to be processed the following workday.*  
*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 usual fee.*  
 \$192.00

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

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

Job Address: 3211 Osuna Way    Unit #             Contract Price \$ 10,000

Contact Person: Bill House    Contract Phone: 455-5130

Property Owner: Karen Kawada    Contractor: Hush Roofing & Construction # 413787

Address: 321 Osuna Way    Address: 8175-E Alpine Ave.

City/State/Zip: Sac, CA 95833    City/State/Zip: Sac, CA 95826

Phone: 925-7035    Phone: 455-5130    Fax: 455-3882

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).  
 Description of Work: Tear Off, re-shingle, 5" seamless gutters (Fosda)

|  |  |  |   |  |
|--|--|--|---|--|
| <input checked="" type="checkbox"/> Reroof (excluding tile)<br><input checked="" type="checkbox"/> Tear-Off<br><input checked="" type="checkbox"/> Re-shingle<br><input type="checkbox"/> House <input type="checkbox"/> Garage<br># Stories: <u>1</u><br># Squares: <u>25</u><br>Material: <u>Comp</u><br><input type="checkbox"/> Siding<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Horiz<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Shouse<br>*Design Review approval may be required. | <input type="checkbox"/> HVAC Installations (Residential Only)<br><input type="checkbox"/> Change-out <input type="checkbox"/> New<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or duct, unit to gas<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: \$ _____<br>Equipment: \$ _____<br>Out-lac: \$ _____<br>*Design Review approval may be required. | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Gas <input type="checkbox"/> Electric<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Relocate to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termite Damage Repair (Describe Locations Below) | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only)<br><input type="checkbox"/> Electric Service Change if amps<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)<br><input type="checkbox"/> SMTUD<br><input type="checkbox"/> PG&B<br>NOTE:<br>Correction Notice items will require an additional building permit. |
|--|--|--|---|--|