CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0420895
Insp Area: 1
Thos Bros: 297F4

Site Address: 2619 J ST SAC
Parcel No: 007-0036-021

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

CONTRACTOR
EAGLE RIDGE CONST & ROOFING INC.
820 ATLANTIC ST
ROSEVILLE, CA 95678

OWNER
619 J STATE LLC
2619 J ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: REROOF OVERLAY

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'sAddress_____

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 773969 Date 12/21/04 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 12/21/04 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.

XXX 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 713-0008769 Exp Date 12/20/2005

____ (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 12/21/04 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX: 264-7046

ACTIVITY # 0420895 Insp. Area

*Applicant **MUST** complete ALL Unshaded Areas*

ADDRESS: 2619 J St. SAC CA 95816 **Suite:** _____

PARCEL #: _____

CONTACT
Name: Brian Self
Street Address: _____
City/State/Zip: _____
Phone: 4173349
E-Mail: _____

LICENSED CONTRACTOR Lic No. # 773969
Name: Eagle Dwg Const & Roofing
Street Address: 820 Atlantic St.
City/State/Zip: Roseville CA 95678
Phone: 772-7545
E-Mail: _____

ARCHITECT/ENGINEER
Name: _____
Street Address: _____
City/State/Zip: _____
Phone: _____
E-Mail: _____

OWNER
Name: Steve Lavotti
Street Address: 2619 J St
City/State/Zip: SAC CA 95816
Phone: 870-0111
E-Mail: _____

⇨ Will permitee have any employees on the jobsite? ☐ No ☒ Yes ⇨ **Insurance Co.:** State Fund

⇨ **WORKER'S COMPANSATION POLICY #** 713-8769-01 **EXPORATION DATE:** _____

NATURE OF WORK IN DETAIL: overlay with flameguard + SM-SR-50 PVC white. mechanically fastened

VALUATION: 11,800.00

OCCUPANT/TENANT: _____

FLOOD STATUS: _____ **S.C.A.T.** _____

JOB DISCRIPTION (BLDG) SHELL APT TI( ) REM( ) SW FIRE ADD OTH

INSPECTION DISCIPLINES	BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	**Total Area**	**Use Zone**	**Occp Group**	**Const type**	**Fire Req. Y / N**		**Fed Code**	**Vio. [H]**	**File [Quad]**
					SPR	ALARM			
B	**P**	**M**	**E**	**F**	**S**		**D**	**PW**	**UTIL**

COMMENTS: _____

REGIONAL SANITATION FEES? ☐ Yes ☐ No **HEALTH DEPARTMENT:** ☐ Yes ☐ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed