

IN PROGRESS  
INSPECTION REQUIRED

Building Permit

ISSUED.....

City of Sacramento



PLANNING  
BUILDING  
DEPARTMENT  
BUILDING DIVISION  
(916) 808-BLDG (2534)

Office Use Only

Permit No: 0409973  
Date Issued: 06-22-04  
Total Amount: 188.50

JUN 22 2004  
Sacramento Building Division

Please Fill in the Following

Site Address: 4600 Euclid Avenue  
Nature of Work: Recoat

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 625052 Date 6/21/04 Signature Brian P. Warren

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 Contractor License Law (Chapter 9 (commencing with Section 7000) of Division 3 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 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, 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 improvement.

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 6/21/04 Applicant/Agent Signature Brian P. Warren

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 15749912 Expiration Date 4-23-05

(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 6/21/04 Applicant Signature Brian P. Warren

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 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



Fax # (916) 264-1901

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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

Job Address: 4600 Euclid Avenue, Sacramento, CA 95822 Unit # \_\_\_\_\_  
 Parcel Number: 13,000

CONTACT PERSON: Brian Warren  
 Property Owner: Den Manning License # 625052  
 Address: 4600 Euclid Ave.  
 City/State/Zip: Sacramento, CA 95660  
 Phone: 433-7106 Fax: 283-4489

CONTACT PHONE: (916) 630-9300  
 Contractor: Brian Warren  
 Address: 4946 Watt Ave # 27  
 City/State/Zip: Sacramento, CA 95660  
 Phone: 630-9300 Fax: 283-4489

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: Residential Reroof

<p><input checked="" type="checkbox"/> REROOF (excluding tile)</p> <p><input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET</p> <p><input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE</p> <p># Stories: <u>30</u> # SQUARES: <u>3+</u></p> <p>Material: <u>50 year Comp</u></p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> Wood  <input type="checkbox"/> T-111  <input type="checkbox"/> Horiz  <input type="checkbox"/> Vinyl  <input type="checkbox"/> Stucco</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> HVAC INSTALLATIONS</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT</p> <p><input type="checkbox"/> Heat Pump  <input type="checkbox"/> Package  <input type="checkbox"/> Split system  <input type="checkbox"/> Roof mount  <input type="checkbox"/> Cut-in</p> <p><input type="checkbox"/> Heat pump or elec. unit to gas.</p> <p><input type="checkbox"/> Wall furnace  <input type="checkbox"/> Fire Place Insert  <input type="checkbox"/> Other (describe bet. )</p> <p>Value of duct work:    Equipment: \$ _____    Cut-in: \$ _____</p> <p>* Design Review approval may be required.</p>	<p>(Residential ONLY)</p> <p><input type="checkbox"/> WATER HEATER</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out  <input type="checkbox"/> Electric to Gas  <input type="checkbox"/> Relocate  <input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR</p> <p><input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill/Studs  <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior</p> <p>* Design Review approval may be required.</p> <p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION*    (Residential and single apartment units ONLY)  <input type="checkbox"/> SMUD <input type="checkbox"/> PG&amp;E</p> <p>*NOTE: Correction Notice items will require an additional building permit.</p>	<p>(Residential ONLY)</p> <p>MINOR ELECTRIC and/or MINOR PLUMBING</p> <p><input type="checkbox"/> Electric Service Change # amps _____</p> <p><input type="checkbox"/> New electric circuits  <input type="checkbox"/> Re-wire  <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Water Service  <input type="checkbox"/> Sewer Service  <input type="checkbox"/> Gas Line  <input type="checkbox"/> Re-plumb  <input type="checkbox"/> Water  <input type="checkbox"/> Waste</p>
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**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY  
FOR PERMIT #0409973**

**Bldg Minor Permit  
as of 06-21-2004 Permit Status: READY**

Site Address: 4600 EUCLID AV SAC  
Parcel No: 016-0351-012  
Thomas Bros: 317B3

CONTRACTOR  
BRIAN C WARREN  
4946 WATT AV #27  
SACRAMENTO CA 95660  
Phone: 916-630-9300

OWNER  
MANNING DONALD/DEBBIE Y  
4600 EUCLID AV  
SACRAMENTO CA 95822  
Phone: 443-7106

ARCHITECT  
  
  
Phone:

**Nature of Work:** REMOVE EXIST. ROOFING, INSTALL NEW SHEATHING, NEW 50YR  
COMP. SHINGLES, 30SQ

Permit Valuation: \$13,000.00  
Square Footage: 0

**Fee Details**

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	5.20	.00	5.20
207	Strong Motion (SMI)	1600	1.30	.00	1.30
259	Technology Surcharge	1750	7.00	.00	7.00

**TOTAL FEES .....: \$188.50**  
**Payments .....: \$0.00**  
**BALANCE DUE .....: \$188.50**

**PAID**  
**CITY OF SACRAMENTO**  
 JUN 22 2004  
 NEIGHBORHOODS PLANNING  
 AND DEVELOPMENT SERVICES

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0410147

TRANSACTION DATE: 06/22/2004

TRANSACTION AMOUNT: 188.50

NOTATION:

APD #: **0409973**

SITE ADDRESS: 4600 EUCLID AV SAC

PARCEL: 016-0351-012

TYPE: Bldg Minor Permit

SUB-TYPE: RES

HOUSING: N

STATUS: **ISSUED**

Mixed Income Housing  
Fee Program  
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**TRANSACTION LIST**

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	188.50

**RECEIPT ACCOUNT ITEM LIST**

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