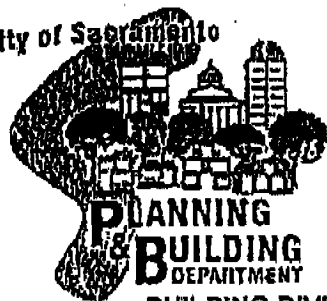


Building Permit

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

\*\*\*\*\* Office Use Only \*\*\*\*\*

ISSUED CITY OF SACRAMENTO OCT 17 2006 DOWNTOWN PERMIT CENTER

Permit No: 0616090 Date Issued: 10-16-2006 Total Amount: \$189.57

Please Fill in the Following Site Address: 4619 Fegan Way Sac 95822 Nature of Work: Tear off Shake roof w/ light weight stone coated steel

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.)

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 C39 License Number 416821 Date 10/16/06 Signature Gardner L Bedford

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 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. D & 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 10/16/06 Applicant/Agent Signature Gardner L Bedford

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 169782904 Expiration Date 07-31-08

(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 10/16/06 Applicant Signature Gardner L Bedford

WARNING: FAILURE TO SECURE WORKERS 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 3704 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.CITYOF.SACRAMENTO.ORG  
Help Line: 1-916-808-6555 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-7522



Fax # 916-808-1901  
Downtown Permit Center, New City Hall  
915 J Street, 3rd Floor Sacramento, CA 95814

Nurbs Permit Center  
2101 Arden Blvd, Suite 200, Sacramento, CA 95834

Fax # 916-808-9370

Activity # 0616090  
ALBA

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

Date: 10/16/06

*Faxed 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 a special fee.*

*Permits requiring Plan Review are not eligible for FAXBACK*

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

CREDIT CARD INFORMATION ON FILE?  Yes  No

Job Address: 4619 FEODAN WAY SAC 95822 RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Contact Person: Phil McCullagh Contract Price: \$ 7,133.00

Property Owner: Phil McCullagh Contractor: CAI-DR Roofing License # 416821

Address: 2720 S. LAND PARK DR Address: 17267 COLONIA ROAD C-2

City/State/Zip: SACRAMENTO, CA 95822 City/State/Zip: RANCHO COLONIA CA 95670

Phone: 801-9908 Phone: 916-635-6300 Fax: 916-635-8626

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)

Description of Work: TEAR OFF SHAKE ROOF WITH LIGHT WEIGHT STONE COATED STEEL

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>18.5</u> Material: <u>Stone coated steel</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Floriz <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"/> 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"/> Dry Rot or Termitic Damage Repair (Describe Locations Below)	<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
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\*Design Review approval may be required.

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PBF-10002

# ROOFING QUESTIONNAIRE

Applicant's name: Phil McCullagh Phone: 807-9908  
 Project Address: 4619 Fegan Way, Sacramento, CA 95822

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 shall be:
- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <u>Existing</u>                     | <u>Proposed</u>                     |   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | 30-year laminated dimensional composition wood shake or shingle |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | tile  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | metal that simulates one of the above listed materials          |
- b.  The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:
- |                          |                          |          |
|--------------------------|--------------------------|----------|
| <u>Existing</u>          | <u>Proposed</u>          |          |
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

### 2. GUTTERS

- a.  The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
  - New fascia gutters shall be provided. (If located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
  - 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 exposed rafter tails.
- There is no change or cutting proposed to existing rafter tails.
  - Rafter tails shall be repaired and replaced to match existing. (If checked and project address is in any DR area route to DR staff).

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

Applicant's signature: Jacqueline Nelson Date: 10/16/06

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 DR/P area