TRANSMISSION VERIFICATION REPORT

TIME : 05/01/2006 15:51
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9163065656
SER.# : BROH4J832840

DATE,TIME	05/01 15:49
FAX NO./NAME	97217585
DURATION	00:01:38
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
MAY 0 1 2006
DOWNTOWN PERMIT CENTER

PAID
CITY OF SACRAMENTO
MAY 0 1 2006
NEW CITY HALL

RECEIPT NUMBER: R0607679

TRANSACTION DATE: 05/01/2006
TRANSACTION AMOUNT: 189.48
NOTATION:

APD #: **0605867**
SITE ADDRESS: 563 DE MAR DR SAC
PARCEL: 031-0642-012

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: **ISSUED**

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	189.48

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	2.68	.00	2.68
207	Strong Motion (SMI)	1600	.67	.00	.67
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

page 1 of 2
808-1901
attn - Sean

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4677

Downtown Permit Center 1-916-264-6807
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

FAXED PERMIT APPLICATION

(certain restrictions apply)

Downtown Fax # 916-264-1901 or N. Natomas Fax # 916-808-7046

DATE: 4/15/06

Faxed 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 quad fee.

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

Faxed 4/15/06

☒ RESIDENTIAL ☐ APARTMENTS (4+ UNITS PER BUILDING) ☐ COMMERCIAL (LIMITED) Fax Back

Job Address: 563 De Mar Drive Unit # _____ Contract Price $ 6701.00 0605867
Contact Person: Larry Bowles Contact Phone: 916-870-4771
Property Owner: M & M Property Contractor: Parsons Roofing License # 191647
Address: 1401 - El Camino Address: 16 Light & Ky Court, 3
City/State/Zip: Sacto. Ca - 95815 City/State/Zip: Sacto., Ca. - 95828
Phone: 916-923-6181 x120 Phone: 916-870-4771
Nature of Request: (Provide detailed description of work & indicate type of work in selections below). Fax # 721-7585
Description of Work: Tear off existing medium shake roofing - install 1/2" CDX plywood, 15 lb plain felt & 30 year composition shingles

☒ Reroof (excluding tile) ☒ Tear-Off ☒ Resheet ☒ House ☒ Garage # Stories: 1 # Squares: 19 Material: plywood, 15 lb felt & 30 yr Comp ☐ Siding ☐ Wood ☐ T-111 ☐ Horiz ☐ Vinyl ☐ Stucco NA Design Review *Design Review approval may be required.	☐ HVAC Installations (Residential Only) ☐ Change-out ☐ New ☐ Heat Pump ☐ Package ☐ Split system ☐ Roof mount ☐ Cut-in ☐ Heat pump or elect. unit to gas. ☐ Wall furnace ☐ Other (describe below) Value of duct work: Equipment: $ _____ Cut-in: $ _____ * Design Review approval may be required.	☐ Water Heater (Residential Only) ☐ Gas ☐ Electric ☐ Change-out ☐ Electric to Gas ☐ Relocate ☐ New ☐ Dry Rot or Termite Damage Repair (Describe Locations Below) *Design Review approval may be required.	☐ Minor Electric and/or Minor Plumbing (Residential Only) ☐ Electric Service Change # amps ☐ New electric circuits ☐ Re-wire ☐ Water Service Replacement ☐ Sewer Service Replacement ☐ Gas Line Replacement ☐ Re-plumb ☐ Water ☐ Waste	☐ Public Utilities Safety Inspection (Residential and single apartment units Only) ☐ SMUD ☐ PG&E ◆ NOTE: Correction Notice items will require an additional building permit.

Fax # - 721-7585

Fax # 808-1901
attn: Florence

PAID
CITY OF SACRAMENTO
MAY 01 2006

Building Permit

ISSUED
CITY OF SACRAMENTO
MAY 01 2006
DOWNTOWN PERMIT CENTER
LMC

City of Sacramento
PLANNING
BUILDING
DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

NEW CITY H

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

Permit No: _____
Date Issued: _____
Total Amount: _____

*************** Please Fill in the Following ***************

Site Address: 563 - De Mare Drive, Sacto, Ca
Nature of Work: Tear off shake, install 1/2" CDX plywood, 15 felt & 30 yrs comp.

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 191647 Date 4/15/06 Signature Lorance E. Bowles

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. _____ 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 above-mentioned property for inspection purposes.

Date 4/15/06 Applicant/Agent Signature Lorance E. Bowles

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.

X 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 087E1900 Expiration Date 1/1/07

____ (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 4/15/06 Applicant Signature Lorance E. Bowles

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 1706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

APR.28.2006 08:10 916-264-1902 DEVELOPMENT SERVICES #191 P.002/002

Page 2 of 2

Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-[illegible] OR 1-[illegible]-SZ-PERMIT
Inspection: 1-916-[illegible]

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: Parsons Roofing Phone: 916-870-4771

Project Address: 563 De Mar Lacto Phone: 923-6181 X120

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: Lorance E. Bowles Date: 4/15/06

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 a DR or P area

Roofing_questionnaire_form – 04/2006

MAR.21.2006 08:29 916-[illegible]