

IN PROGRESS

Building Permit

INSPECTION REQUIRED

Office Use Only

ISSUED



BUILDING DIVISION  
(916) 808-BLDG (2534)

Permit No: 03-08198  
Date Issued: 6-9/03  
Total Amount: \$190.25

JUN 09 2003

Sacramento Building Division

Please Fill in the Following

Site Address: 7075 Eber Way  
Nature of Work: Re-pave w/ curbs & Heavy Bases 37 ft

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 C39 License Number 763169 Date 6/6/03 Signature Alma Gonzalez

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 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 6/6/03 Applicant/Agent Signature Alma Gonzalez

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 13-02-2021 Expiration Date 10/03

(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 6/6/03 Applicant Signature Alma Gonzalez

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.

# FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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.

8198

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: 1075 Fiderac Way	Contract Price \$ 16,500	Unit #
Parcel Number: 031-0290-033	CONTACT PHONE: 454-3062	
CONTACT PERSON: Dima Dargatz	Contractor: L. M. M. & Sons, License # 703169	
Property Owner: D. M. M. & Sons	Address: 3107 S. R. Street	
Address: 1075 Fiderac Way	City/State/Zip: SAC CALIF 95831	
City/State/Zip: SAC CALIF 95831	Phone: 454-3062	
Phone: 454-3062	FAX: 454-3184	

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

Description of Work: Rep. for G.H. Shakes Re-Roof w/ Class C Heavy Shakes  
Roof. pitch 4/12. Gable Fan Res.

<input type="checkbox"/> REEROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE <u>32</u> # SQUARES <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-11 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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 elec. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SUIF <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MAJOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <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
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\* NOTE: Correction Notice items will require an additional building permit.

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0308198**  
**Bldg Minor Permit**  
as of 06-09-2003 Permit Status: **READY**

Site Address: **7075 EIDER WY SAC**  
Parcel No: 031-0290-033  
Thomas Bros: 336 F1

**CONTRACTOR**  
ZIMMERMAN REROOFING CO.  
3675 R ST.  
SACRAMENTO, CA. 95816  
Phone: 916-454-3667

**OWNER**  
THOMAS ROY J/SHIRLEY  
7075 EIDER WY  
SACRAMENTO CA 95831  
Phone:

**ARCHITECT**  
  
Phone:

**Nature of Work:** T/O37SQS SHAKES AND REROOF 1 STORY HOUSE/GARAGE WITH HEAVY SHAKES

Permit Valuation: \$16,500.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$1.65	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$6.60	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek .....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$190.25</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$190.25</b>

PAID  
CITY OF SACRAMENTO  
JUN 09 2003  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=JUN-09 12:18

END=JUN-09 12:34

FILE NO.=124

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		94553784	012/012	00:15:59

-CITY OF SACRAMENTO

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*



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