CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0414850
Insp Area: 4
Thos Bros: 277F6

Site Address: 250 PERALTA AV SAC
Parcel No: 262-0262-009

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

CONTRACTOR

OWNER
GONZALES ANGEL LUGO
250 PERALTA AV
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: T/O, RESHEET, APPLY 30 YR DIM LAM COMP, 24 SQS, 1 STORY

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_____ License Number _ Date_____ Contractor 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 9/10/04 Owner Signature_____ SEP 16 2004

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 9/10/04 Applicant/Agent 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.

_____ 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 Policy Number Exp Date

_____ (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 9/10/04 Applicant 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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) Yes.

2. I (have/have not) I have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

   Name_____ Address_____

   City_____ Telephone_____

   Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

   Name_____ Address_____

   City_____ Telephone_____

   Contractors License No._____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [signature]

Job Address 250 Peralta Ave. Soc Ca. 95833.

Permit No: BH14850

ROOFING QUESTIONNAIRE

Applicant's name: Angel Hugo **Phone:** 257-7643.

Project Address: 250 Peralta Ave. Sac. Ca. 95823

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:

Existing	Proposed	
☐	☐	25 year laminated dimensional composition
☒	☒	wood shake or shingle
☐	☐	tile
☐	☐	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:

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 exposed rafter tails.
- ☐ There is no change or cutting proposed to existing rafter tails.
- ☐ Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: Angel Hugo Date: 9/10/04

For City Staff use only Counter Staff Emilio Saucedo

☑ 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

ER

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