

TRANSMISSION VERIFICATION REPORT

TIME : 09/06/2005 10:26
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME : 09/06 10:23
 FAX NO./NAME : 94551224
 DURATION : 00:02:37
 PAGE(S) : 04
 RESULT : OK
 MODE : STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

ISSUED

SEP 06 2005

RECEIPT NUMBER: R0516505

TRANSACTION DATE: 09/06/2005
 TRANSACTION AMOUNT: 189.38
 NOTATION:

Sacramento Building Division

APD #: **0513451**
 SITE ADDRESS: 2757 ELLEN ST SAC
 PARCEL: 265-0261-005

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	189.38

RECEIPT ACCOUNT ITEM LIST

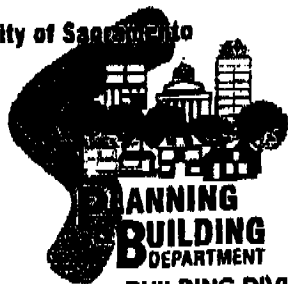
Class #	Description	Total Fee	Prev Pymt
Current	Pymt		

PAID
CITY OF SACRAMENTO

SEP 06 2005

Building Permit

City of Sacramento



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

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

ISSUED

Permit No: 0513451 Date Issued: 8/11/05 Total Amount: \$189.39

SEP 06 2005 Sacramento Building Division

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

Site Address: 2757 ELLEN ST, SAC 95815 Nature of Work: RE-ROOF FLAT ROOF WITH PVC MEMBRANE

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 B/C-39 License Number 414262 Date 9-1-05 Signature Jody Melick

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 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 abovementioned property for inspection purposes.

Date 9-1-05 Applicant/Agent Signature Jody Melick

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 229 - 014262-05 Expiration Date 7-1-05

(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 those provisions.

Date 9-1-05 Applicant Signature Jody Melick

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.



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901 808-3370 808-5543

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
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 grand fee

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

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

⇒ CONTRACT PRICE \$ 6500.00

JOB ADDRESS: 2757 ELLEN ST. SAC 95815 UNIT # _____ ⇒ CONTRACT PHONE: 916-548-3028 or 916-455-1224

⇒ CONTACT PERSON: ART MELICK

Property Owner: DAVID CONKLIN
Address: 2757 ELLEN ST 95815
City/State/Zip: SAC CA 95815
Phone: 916 646-6249

Contractor: ART MELICK License # 414262
Address: 265 MARVIN WAY
City/State/Zip: AUBURN CA 95603
Phone: 548-3028 / 455-1224 FAX: 455-1224

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input checked="" type="checkbox"/> HOUSE GARAGE <input checked="" type="checkbox"/> STAIRS <input type="checkbox"/> SQUARES 17 Material: pvc membrane	<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"/> Curbin <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Will furnace <input type="checkbox"/> Other (describe below)	<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"/> 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"/> OSMUD <input type="checkbox"/> PGB *NOTE: Correction Notice fees will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Imitz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of sheet work: Equipment: \$ _____ Out-in: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	Note: Design Review approval may be required for certain areas.	

DESCRIPTION OF WORK: ROOF TORN OFF BY HOMEOWNER. CONTRACTOR TO INSURE Fiberglass base sheet 3/4 inch insulation panels and 50 mil pvc/epa membrane

Handwritten initials

SEP.02'2005 09:16 916-264-1902

DEVELOPMENT SERVICES

#4154 2.001/001



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-8000 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7522

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: FLAT ROOF SPECIALIST Phone: 455-1224
ART MELICK ROOFING
Project Address: 2757 ELLEN ST. SAC Phone: 548-3028

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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | 30 year laminated dimensional composition |
| <input type="checkbox"/> | <input type="checkbox"/> | Wood shake or shingle |
| <input type="checkbox"/> | <input type="checkbox"/> | Tile |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal that simulates one of the above listed materials |

b. The new roofing material will be:

- | | | |
|--------------------------|-------------------------------------|-----------------------------|
| Existing | Proposed | |
| <input type="checkbox"/> | <input type="checkbox"/> | Built up - Already Torn off |
| <input type="checkbox"/> | <input checked="" 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.
 - 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: Andy Melick

Date: 9-2-05

FOR CITY STAFF USE ONLY

Counter Staff: [Signature]

- 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