Office 15 NP

RESIDENTIAL BUILDING REPLACE ROOF

10/22/2012 13:16:25

EL DORADO COUNTY BUILDING DEPARTMENT

PLACERVILLE 530-621-5315
SO LAKE TAHOE 530-573-3330 **INSPECTIONS** 530-621-5377

PERMIT: 209902 APN: 041-021-08-1

JOB ADDRESS: **4245 SCIARONI RD**
DIRECTIONS: GRIZZLY FLAT ROAD PAST POST OFFICE LEFT ON SCIARONI ROAD ABOUT ~~ONE MILE~~ PAST FIRE STATION (WHITE GATE) ON RIGHT. MAP 205/D-8. 1 mi

APPL DATE: 10/22/2012
APPLICANT: PUGNER, ARIEL ISSUE DATE: 10/22/2012
APPL PHONE: (530) 672-9995 EXP DATE: 10/22/2014
NOTE: TEAR OFF COMP AND RE-INSTALL WITH COMP. MINIMUS CLASS "A" ASSEMBY REQUIRED. COOL ROOF C,3
CNST TYPE: LOT SIZE: 5.000 CNTY RD: WDID:

SPECIFIC USE	TYPE	AREA	SPECIFIC USE	TYPE	AREA
REROOF	-				

	INSPECTION	DATE	INSPECTOR		INSPECTION	DATE	INSPECTOR
2.	SETBACK	__/__/__		40.	MAIN PANEL	__/__/__	
110.	TRPA HEIGHT	__/__/__		41.	SUB PANEL	__/__/__	
4.	FOOTINGS/FND	__/__/__		42.	UND FLR DUCTS	__/__/__	
5.	SITE BMP INTERME	__/__/__		43.	DUCTWORK	__/__/__	
6.	CONC.BLK COMPLET	__/__/__		44.	GAS FLUES	__/__/__	
7.	CONC.BLK 8	__/__/__		45.	DIRECT VENTS	__/__/__	
8.	TILT-UP PANELS	__/__/__		52.	HVAC-UNIT	__/__/__	
9.	SLAB	__/__/__		53.	A/C UNIT	__/__/__	
10.	GIRDERS	__/__/__		55.	EQUIPT	__/__/__	
14.	INT SHEAR/BR WAL	__/__/__		57.	SOLAR	__/__/__	
15.	EXT SHEAR/BR WAL	__/__/__		58.	VENTILATION	__/__/__	
16.	ROOF NAIL/DECK	__/__/__		59.	COMRCL KIT HOOD	__/__/__	
17.	FRAMING	__/__/__		60.	FLOOR INSULATION	__/__/__	
221.	GUARDRAIL	__/__/__		61.	WALL INSULATION	__/__/__	
18.	SHEETROCK	__/__/__		62.	CEIL INSULATION	__/__/__	
19.	FIREWALL	__/__/__		63.	INSUL-BLOWN	__/__/__	
20.	LATHING	__/__/__		67.	TEMPORARY POWER	__/__/__	
21.	STUCCO/SCRATCH	__/__/__		68.	PERMANENT POWER	__/__/__	
23.	T-BAR CEILING	__/__/__		69.	GAS SER LP/NAT	__/__/__	
24.	WATER SUPPLY	__/__/__		104.	PAD CERTIFICATIO	__/__/__	
25.	SEWER	__/__/__		77.	TRENCH/BEDDING	__/__/__	
26.	SLAB PLUMBING	__/__/__		80.	PRE-CON	__/__/__	
27.	UND FLR PLUMBING	__/__/__		300.	ENERGY FORMS	__/__/__	
28.	TOPOUT PLUMBING	__/__/__		301.	AGENCY FORMS	__/__/__	
29.	SHOWER PAN	__/__/__		99.	HANDICAP	__/__/__	
30.	GAS PIPE	__/__/__		94.	SEPTIC SYSTEM	__/__/__	
32.	INT GAS TEST	__/__/__		95.	EID FINAL	__/__/__	
31.	EXT GAS TEST	__/__/__		216.	FIRE SPRINKLERS	__/__/__	
34.	WATER HEATER	__/__/__		217.	FIRE DEPT. FINAL	__/__/__	
35.	GND ELECTRODE	__/__/__		100.	TRPA FINAL	__/__/__	
201.	ELECTRIC METER	__/__/__		101.	BUILDING FINAL	__/__/__	
36.	TYPE	__/__/__		102.	PERMIT FINAL	11/14/12	JB
37.	UND GROUND ELECT	__/__/__					
38.	GFI/ARC FAULT	__/__/__					
39.	ROUGH ELECT	__/__/__					

FOR BUILDING PERMITS

ROLE OF THE PROPERTY OWNER: The owner of the property is responsible for the completeness of the plans and conformance to construction code standards. A Contractor is an agent for the property owner and, as such, has the authority to make changes to the project.

ROLE OF THE BUILDING SERVICES: The plan review and inspection process of Building Services is designed to achieve substantial compliance with the California Building Code. This code is a minimum construction standard.

GENERAL INFORMATION: Issuance of a permit or prior inspection approval based on plans and/or other submitted data does not preclude the Building Official from requiring the correction of errors that may be contained in the California Building Standards Codes.

PERMIT#: 209902

ADDITIONAL REMARKS:

11-14-12: FINAL. Rc'd c/o CERT. [signature]

Building Safety Division
http://www.edcgov.us/building/

FAX TO: 530-626-8869

"FIP" APPLICATION (PART 1)

Schimeyer

209902
Application Number

Date: 10-22 Rec'd by: LW

Receipt Number: 163727

Fee Amount: 233.25

Call (530) 621-5377 for Inspections

Assessors Parcel Number: 04102109810

Property Location or Site Address: 4745 Scarioni rd

Property Owner's Name: Werner & Elizabeth Schimeyer 621-3489

Mailing Address: PO Box 6

City: Grizzly Flats State: CA Zip: 95636

Utility Info: ___ Public Sewer / ___ Septic; ___ EID / ___ Well

Company Name: Straight Line Phone: (530) 672-9995

Company ID#: 19980

Applicant Name: Ariel Pugner Return Fax: (530) 672-9994

O Mechanical: ___ furnace, ___ ducts, ___ AC, ___ HVAC O Electrical: ___ service change, ___ repairs, ___ new circuits

O Plumbing: ___ gas line, ___ LP tank, ___ water service, ___ water heater ☑ Re-roof: describe scope of work below.

Description of work to be performed: TO Comp, install comp

Contract price of job: $ 18,580

DECLARATION BY CALIFORNIA LICENSED CONTRACTOR / CONSTRUCTION PERMIT APPLICANT

I am (___) a California licensed contractor / (✓) authorized to act on the contractor's behalf (signature authorization form submitted).

- I have read this construction permit application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this county to enter the above-identified property for inspection purposes.
- I certify a final inspection will be requested by me upon completion of the project.
- I agree that incomplete applications for permits will not be processed.

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. I also affirm that I have a current and in good standing El Dorado County business license.

Contractor Name: Straight Line Ca. License Class and lic. #: C39 - 769434

County Business Lic#: 2004-03301 Expiration Date: 03/01/2013

X. Contractor / Agent Signature: Ariel Pugner Date: 10-9-12 verified: ___

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 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

WORKERS' COMPENSATION DECLARATION:

I hereby affirm under penalty of perjury one of the following declarations (check only one):

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy# ___

☑ 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: Jon Fish Ins.
Carrier: Cypress Insurance Policy No. GLD2501149900 Expiration Date: 5/13/13
Name of Agent: Monina Lucas Phone: 916-576-1512

☐ 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.

Please note: all information provided to this department is "public record" and available upon request.

X. Contractor / Authorized Agent Signature: Ariel Pugner Date: 10-9-12 Verified: ___

S:\Master Forms\Permit Center\FIP Forms

Building Safet_ Division

http://www.edcgov.us/building/

FAX TO: 530-626-8869

"FIP" APPLICATION SUPPLEMENT (PART 2)

209902

Assessor's Parcel Number: 041021081O Application Number: _____

Address: 4245 Scanano Rd, Grizzly Flats

DEED RESTRICTION CERTIFICATION

The undersigned declares that he/she has read and understands the deed restrictions/CC&Rs applicable to the subject property, and that the improvement herein applied for does not violate any such restrictions. I also certify that I have submitted plans to the Architectural Control Committee (ACC) or to the local homeowners association, where required by said CC&Rs or deed restrictions, and have obtained approval for said improvement.

This declaration is required by the El Dorado County Code, Title 15.16.120 section 303 (a) 3 to verify that all property restrictions have been acknowledged prior to the issuance of a permit.

In requiring this document, the County assumes no responsibility for verifying the owner's compliance, nor does the County assume any responsibility for enforcement of any private deed restrictions.

PERMITTEE'S ACCEPTANCE

I have read the application and any conditions of approval and understand and accept them. I understand that I am responsible for compliance with all the conditions of the permit process. I understand that certain permit fees associated with this permit are non-refundable once paid to El Dorado County and any refunded fee is returned to owner of the property. I understand that any required approvals from other agencies that may have jurisdiction over this project, will delay the issuance of the permit, and is my responsibility to obtain said approval.

Permits expire after two years (three years in the Tahoe Basin) from the issued date. Failure to obtain the final inspection before the expiration date will cause my removal from the "FIP" program.

I understand that incomplete applications will not be accepted.

X. Contractor / Authorized Agent Signature: _____ Date: 10-9-12

DRIVING DIRECTIONS

This information helps the inspectors locate your job site easily, avoiding lost time searching or having to leave and return for a scheduled inspection on another day. Re-inspection fees will be charged to return to sites that were not clearly identified and unable to find.

Driving directions to job site, Address: 4245 Scanani Rd

Access Information: ___ locked gate _____ combination/gate code, _____ 4wd required, ____ dogs, ____ limited access, _____ water crossing, additional info: _____

- Generally start at Hwy 50, use north, south directions then left / right on street names:
  Bucks bar continue onto Grizzly Flats Rd, slight left on string canyon slight left on consumnes mine rd Right on Scanani rd

DEPARTMENT OF CONSUMER AFFAIRS

Contractors State License Board

Contractor's License Detail - License # 763434

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17 , only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number	**763434** **Extract Date** 10/22/2012
Business Information	STRAIGHT LINE ROOFING & CONSTRUCTION dba STRAIGHT LINE ROOFING CONSTRUCTION SOLAR WINDOWS DECKS GUTTERS PAINTING SIDING Business Phone Number: (530) 672-9995 4415 COMMODITY SHINGLE SPRINGS, CA 95682
Entity	Corporation
Issue Date	05/21/1999
Expire Date	05/31/2013
License Status	**ACTIVE** This license is current and active. **All information below should be reviewed.**
Additional Information	The license may be suspended on 10/31/2012 if a current workers' compensation insurance policy is not filed with the CSLB.

Classifications

CLASS	DESCRIPTION
B	GENERAL BUILDING CONTRACTOR
C43	SHEET METAL
C39	ROOFING
C17	GLAZING
C-2	INSULATION AND ACOUSTICAL
D24	METAL PRODUCTS
D41	SIDING AND DECKING
C33	PAINTING AND DECORATING
D63	CONSTRUCTION CLEAN-UP
D65	WEATHERIZATION AND ENERGY CONSERVATION
D39	SCAFFOLDING
C46	SOLAR
C47	MANUFACTURED HOUSING
C-5	FRAMING AND ROUGH CARPENTRY
C20	WARM-AIR HEATING, VENTILATING AND AIR-CONDITIONING

CONTRACTOR'S BOND

This license filed a Contractor's Bond with
AMERICAN CONTRACTORS INDEMNITY COMPANY.

Bond Number: 9045425

Bond Amount: $12,500

Bonding

Effective Date: 01/01/2007
Contractor's Bond History

BOND OF QUALIFYING INDIVIDUAL

1. The Responsible Managing Officer (RMO) BORBA JOHN EDWARD certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.

   Effective Date: 11/16/2010
   BQI's Bond History

2. This license filed Bond of Qualifying Individual number **100193073** for BLAKE DAVID EARL in the amount of **$12,500** with AMERICAN CONTRACTORS INDEMNITY COMPANY.

   Effective Date: 04/13/2012

Workers' Compensation

WORKERS' COMPENSATION

This license has workers compensation insurance with
CYPRESS INSURANCE COMPANY

Policy Number: 3300054028111

Effective Date: 10/01/2011

Expire Date: 10/01/2012

Workers' Compensation History

Personnel listed on this license (current or disassociated) are listed on other licenses.

[redacted]

209902

SCAN

209902

EL DORADO COUNTY BUILDING SAFETY DIVISION

APPLICATION SUPPLEMENT (PART 9)
Residential Re-Roof Information

209379

Application #: _____

ROOF PLAN VERIFICATION

Project valuation or contract price: $ 18,380

Roof material manufacturer: Owens corning Product name: Duration

Class "A" fire retardant material verified: ☒ Yes ☐ No

Number of squares to be installed: _____ Percent of roof area to be replaced: _____

☒ Tear off ☐ Tear off (new sheeting) ☐ Over existing roofing

COOL ROOF INFORMATION

Complete when replacement exceeds 50% of roof area or more than 1,000 ft² (Initial one):

_____ A) The Cool Roof is not required because the roof is Low Slope (2:12 pitch or less).

_____ B) The Cool Roof is not required because it is in Climate Zone 16 with a Steep-Sloped Roof (pitch > 2:12) and the product unit weight is less than 5lb/ft².

X C) The project meets one of the following as equivalent to CEC Standards §152(b)1H Subsections i and ii:

Alternatives to §152(b)1Hi and §152(b)1Hii Steep Slope roof (pitch >2:12) (choose one):

☐ 1. Insulation with a thermal resistance of at least 0.85 hr·ft²·°F/Btu or at least a ¾ inch air-space is added to the roof deck over attic; or

☐ 2. Existing ducts in the attic are insulated and sealed according to § 151(f)10; or

☒ 3. In climate zone 12 with 1 ft² of free ventilation area of attic for every 150 ft² of attic floor area, and where at least 30% of the free ventilation area is within 2 feet vertical distance of the roof ridge; or

☐ 4. Building has at least R-30 ceiling insulation; or

☐ 5. Building has radiant barrier in the attic meeting the requirements of § 151(F)2; or

☐ 6. Building has no ducts in the attic.

Other Exceptions

☐ 7. Roofing area covered by building integrated photovoltaic panels and thermal panels.

☐ 8. Roof construction that has a thermal mass over the roof membrane with at least 25 lb/ft².

_____ D) A Cool Roof is being installed and California Energy Commission form CF-1R-ALT is attached to the application (only pages 3 and 5, CRRC label section showing compliance).

I certify the roofing material noted shall be installed in accordance with the manufacturer's listings meeting the fire retardant classification and Cool Roof requirements as defined and required by the California Energy Code and County Fire requirements.

Applicant/Installer's Name: Ariel Pogner

Signature: _____ Date: 10-9-12

SCAN

COUNTY OF
EL DORADO

BUILDING DEPARTMENT

www.co.el-dorado.ca.us/building

PLACERVILLE OFFICE:
2850 FAIRLANE COURT
PLACERVILLE, CA 95667
(530) 621-5315
(530) 622-1708 Fax
Counter Hours: 8 AM to 3 PM
1-4 PM

LAKE TAHOE OFFICE:
3368 LAKE TAHOE BLVD., STE 302
SOUTH LAKE TAHOE, CA 96150
(530) 573-3330
(530) 542-9082 Fax
Counter Hours: 8-12 AM & 1-4 PM

EL DORADO HILLS OFFICE:
4950 HILLSDALE CIRCLE, STE 100
EL DORADO HILLS, CA 95762
(916) 941-4967 & (530) 621-5582
(916) 941-0269 Fax
Counter Hours: 8-12 AM &

RE-ROOF VERIFICATION FORM

Owner: ~~Josie & Ryan Rodriguez~~ Werner Schmayer APN: 209902

Site Address: 4245 ~~Sa~~ Scaroni rd Permit #: _____

This form is a permanent Building Department record. I affirm, under penalty of perjury, that I a roofing contractor licensed in the State of California, and (check one):

☒ I have inspected the existing roof structure, sheathing, flashings, roof jacks, and all that is required for a pre-roofing inspection. I hereby certify that the existing roof structure is, or has been repaired to be, in conformance with the roofing requirements of the California Building Code.

☐ The re-roofing performed was an overlay of the existing roof covering. I hereby certify that the installation meets the requirements of the roofing material manufacturer and the California Building Code.

☐ Roofing and ice dam protection comply with the requirements of current California Building Code and manufacturer's installation instructions.

This form must be completed and available to the Building Inspector at the time of final inspection.

Contractor's name: Jack Borba (please print) License #: 763434

Contractor's signature: Jack Borba Date 10-9-12

DEVELOPMENT SERVICES DEPARTMENT

COUNTY OF EL DORADO

http://www.edcgov.us/devservices

PLACERVILLE OFFICE:
2850 FAIRLANE COURT PLACERVILLE, CA 95667
BUILDING (530) 621-5315 / (530) 622-1708 FAX
bldgdept@edcgov.us
PLANNING (530) 621-5355 / (530) 642-0508 FAX
planning@edcgov.us

LAKE TAHOE OFFICE:
3368 LAKE TAHOE BLVD. SUITE 302
SOUTH LAKE TAHOE, CA 96150
(530) 573-3330
(530) 542-9082 FAX
tahoebuild@edcgov.us

Carbon Monoxide/Smoke Alarm Installation Certificate

This certificate must be completed and provided to the building inspector at the time of, or prior to, the final inspection.

Address 4245 Sciarroni Rd

Permit Number 209902 Assessor's Parcel Number 04402L-08-1

Section R314.3.1, R314.6.2 and R315.2 of the California Residential Code 2.5 state, "When alterations, repairs or additions requiring a permit exceeding $1,000 valuation occur, or when one or more sleeping rooms are added or created in existing dwellings, the individual dwelling unit shall be equipped with smoke alarms and carbon monoxide alarms located as required for new dwellings."

Smoke alarms shall be installed in bedroom hallways, in each bedroom, on each story (including basements and habitable attics), in close proximity to stairways, and on ceilings open to bedroom hallways, if they are higher than two feet above the hallway height. Dwellings or sleeping units that have attached garages or fuel-burning appliances shall have carbon monoxide alarms installed outside of each separate dwelling unit sleeping area in the immediate vicinity of the bedroom(s) and on every level of a dwelling unit including basements.

These added alarms may be battery operated.

Our inspector does not need to enter the dwelling to verify that these detectors have been installed, if you, the property owner, certify in writing that the detectors have been installed.

I, as property owner at the above address, certify that carbon monoxide/smoke alarms have been installed in this residence in accordance with the California Building Code as outlined above.

Signature Jan Haynes Date 11-14-12

If you have any questions regarding this certificate, please contact your building inspector or Building Services.