

# BUILDING PERMIT APPLICATION

330 W. 20th Avenue, San Mateo, Ca. 94403 Ph. 377-3375  
 Building Division-Department of Community Development  
 Applicant to fill in — Use typewriter or ballpoint pen — Press Firmly

Applicant	Name <u>Bay Area Re-Roofing</u>	VALUATION: <u>2560.00</u>	
	Address <u>849 Old County Road</u> Belmont, CA 94002	CLASS OF WORK	
Building Address	Address <u>353 N. Claremont Street</u>	New <u>1</u> Repair <u>2</u>	
	<u>San Mateo, CA</u>	Alteration <u>3</u> Addition <u>4</u>	
	Assessor's Parcel	Move <u>5</u> Demolish <u>6</u>	
	Subdivision	Other <u>7</u>	
Owner	Name <u>Chris Doyle</u>	SPECIAL INFORMATION	
	Address <u>353 N. Claremont St.</u>	Occupancy	Dwlg units <u>        </u> Total units <u>        </u>
	City <u>SM</u> Tel. No. <u>579-6179</u>	Fire Zone <u>        </u> Land Zone <u>        </u>	Type Const <u>        </u> Structural Type <u>        </u>
Contractor	Name <u>Bay Area Re-Roofing</u>	First Floor Area <u>        </u>	
	Address <u>849 Old County Road</u>	Gar. Area <u>        </u> Total Area <u>        </u>	
	City <u>Belmont</u> Tel. No. <u>593-0116</u>	Stories <u>        </u> Ht. in feet <u>        </u>	
Architect or Engineer	City Lic. <u>        </u> Lic. No. <u>440362</u>	No. acc. bldgs. <u>        </u> Total acc. area <u>        </u>	
	Name <u>        </u>	Bedrooms: Total <u>        </u> Prev. <u>        </u>	
	Address <u>        </u>	Baths: Full & Ptl. <u>        </u> Fixt. <u>        </u>	
Contractor	City <u>        </u> Tel. No. <u>        </u>	Parking Req'd <u>        </u> Provided <u>        </u>	
	License <u>        </u>		

Building Permit Number	Received by	Date	Date Issued
Brief description of project			
<u>Tear off composition roofs.</u>			
<u>Overlay wood shingles with fiberglass shingles.</u>			
APPROVALS			
File No. Planning		Date	
Public Wks.		Date	
Park		Date	
Health		Date	
Fire		Date	
Bldg.		Date	

I hereby affirm 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 Lic. Number 440362  
 Date 8/31/88 Contractor         

FEES	
Contractor	
Permit	Qty
Outlet	
Fixture	
Motors	
Sv.	
Heat	
TOTAL ELECT	336-01

I hereby affirm that I am exempt from the Contractor's 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 is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he 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).):

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 Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 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 Contractor's 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 Contractor's License Law.)

I am exempt under Sec.         , B.&P.C. for this reason         

Date          Owner         

MECHANICAL	
Contractor	
Permit	Qty
Furnace	
Boiler	
Fans	
Comp.	
Hood	
A/C	
TOTAL MECH	336-02

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab.C.):

Policy No. 326004 Company State Comp. Ins. Fund

Certified copy is hereby furnished.

Certified copy is filed with the City Building Division of          Department

Date 8/31/88 Applicant         

**CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**  
 (This section need not be completed if the permit is for one hundred dollars (\$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.

Date          Applicant         

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

PLUMBING	
Contractor	
Permit	Qty
Fixture	
Sewer	
W/H	
Pool	
Gas	
Backflow	
TOTAL PLB	336-03

I hereby affirm 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 UNKNOWN

Lender's Address         

Bldg. Permit	336-00	54.00
Pl. Check	336-05	
Planning Pl. Ck	361-14	
Micro-Film	336-06	
P & R Tax	11-250-15	
SMI Tax	250-10	
Sewer Conn.	22-360-00	
Other		
TOTAL FEES		\$54.50

I certify that I have read this application and state that the above information is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.  
 Relevant County Health & Sanitation Law shall apply.

         Date 8/31/88

Signature of Applicant or Agent

NOTICE: This permit becomes null and void if work is not commenced in 180 days from date of issuance or if work is suspended at any time for 180 days or if work is performed in violation of any City or State Laws relating thereto.

When properly validated this is your receipt and permit.

**BUILDING PERMIT APPLICATION**



DEPARTMENT OF COMMUNITY DEVELOPMENT  
 BUILDING DIVISION  
 330 WEST 20TH AVENUE  
 SAN MATEO, CALIFORNIA 94403-1388  
 (415) 377-3376

001001 10 9992 09-02-88  
 10 TOTAL 1 54.50 69

PERMIT NUMBER	ASSESSOR'S PARCEL NUMBER	PA NUMBER	USE ZONE	DESCRIPTION OF WORK
11965	032-203-060 01			T/O AND REROOF

APPLICANT	JOB ADDRESS	SPECIAL APPROVAL	APPROVED BY	DATE
BAY AREA RE-ROOFING 849 OLD COUNTY RD. BELMONT, CA 94002	353 CLAREMONT ST N			

OCCUPANCY GROUP	TYPE OF CONSTRUCTION	SEWER CONN. FEES	VALUATION
R3 411 2 SF			\$ 2,550

NEW CONSTRUCTION	REPAIR	ALTERATION	ADDITION	BUILDING MOVE	DEMOLISH	ACCESSORY BUILDING	SWIMMING POOL	SOLAR	SPECIAL INFORMATION	FEE SUMMARY
	<input checked="" type="checkbox"/>								FIRST FLOOR AREA: 1,265 GARAGE AREA: 1,265 TOTAL ACC. AREA: 1,265 STORES: 1 HEIGHT IN FEET: 9 NO. ACC. BLDGS: 1 TOTAL BEDROOMS: 2 PREV. BATH: FULL AND PARTIAL: 1 FIXT.: 6 PARKING REQUIRED: 2 PROVIDED DWELLING UNITS: 1	BLDG. PERMIT: 336-00 54.00 PL. CHECK: 336-05 PLANNING PL. CHECK: 361-14 MICRO-FILM: 336-06 P & R TAX: 11-250-15 SMI TAX: 250-10 .50 SEWER CONN.: 22-360-00 OTHER: 336-07 PLUMBING: 336-03 ELECTRICAL: 336-01 MECHANICAL: 336-02 TOTAL: 54.50

BY: <i>Ad</i> BUILDING INSPECTOR DATE: 9.2.88	INSTALLATION OF FIRE DETECTION SYSTEM MANDATORY ON RESIDENTIAL BUILDING PERMITS IN EXCESS OF \$1000.00.	I hereby affirm 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 # AND CLASS: 440362 C36 CITY BUSINESS TAX #: 28449 CONTRACTOR NAME: BAY AREA RE-ROOFING INC ADDRESS: 000849 OLD COUNTY RD CITY: BELMONT STATE ZIP: CA PHONE: 593-0116 Signature: _____ Date: _____
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ELECTRICAL FEES:				QTY	AMOUNT	QTY	AMOUNT	QTY	AMOUNT
FOR ISSUING EACH PERMIT			MOTORS			OUTLETS			
RESIDENTIAL-MIN. FEE			UP TO 5 KW OR 5 HP			SPECIAL CIRCUITS			
SERVICE			MOTOR(S) TOTAL KW/HP			SINGLE PHASE			
RESIDENTIAL SQ. FT.			OVER 5 KW OR 5 HP			THREE PHASE			
COMMERCIAL SQ. FT. GARAGE			MOTOR(S) TOTAL KW/HP			SIGN CIRCUITS			
			TEMPORARY POWER POLE			INTERIOR SIGNS			
			FIXTURES			336-01 FINAL TOTAL			

PLUMBING FEES:				QTY	AMOUNT	QTY	AMOUNT	QTY	AMOUNT
FOR ISSUING EACH PERMIT			POOL - PRIVATE			WATER PIPE - REPAIR/REPLACE			
FIXTURE			PUBLIC			DRAINAGE OR VENTS - REPAIR/REPLACE			
SEWER			BACKFLOW			WATER HEATER			
GAS LINE			RAINWATER DRAINS			336-03 FINAL TOTAL			

MECHANICAL FEES:				QTY	AMOUNT	QTY	AMOUNT	QTY	AMOUNT
FOR ISSUING EACH PERMIT			BOILER COMPRESSOR OR ABSORPTION UNIT			OVER 10 CFM - FAN			
FURNACE TO: 100 BTU			1 TON = 12,000 BTU			FAN LESS THAN 10 CFM			
OVER 100M BTU			< 100 M BTU < 3 HP			DUCT EXTENSION			
FURNACE: FLOOR WALL SUSPENDED			100-500 M BTU 3 - 15 H.P.			COMMERCIAL HOOD			
			500-100 M BTU 15 - 30 H.P.			EVAPORATIVE COOLER			
			1000 - 1750 M BTU 30 - 50 H.P.			336-02 FINAL TOTAL			
			> 1750 M BTU > 50 HP						

SIGN PERMIT				QTY	AMOUNT	QTY	AMOUNT	QTY	AMOUNT
FOR ISSUING EACH PERMIT			ILLUMINATED			AREA PER SIGN			
			NON ILLUMINATED			336-04 FINAL TOTAL			

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I am exempt under Sec. \_\_\_\_\_ B. & P.C. for this reason \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).  
 Policy # 326004 88

Certified copy is hereby furnished  
 Certified copy is filed with the city building inspection department.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 STATE FUND  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civ. C.)

LENDERS NAME: \_\_\_\_\_  
 LENDERS ADDRESS: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
 Contractor  
 Owner x  
 Signature of Contractor Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Address of Agent: \_\_\_\_\_ CITY STATE ZIP TELEPHONE: \_\_\_\_\_