# TOWN OF LOS GATOS
## BUILDING INSPECTION DEPARTMENT

Permit Number: B95-000689

Work Description: T/O SHAKE, RESHEET 1/2" CDX PLY INSTALL 40YR ELK

Building Address: 16689 MAGNESON LOOP
Owner.....: TURZO ARMAND A AND SHARON R TRUS
Address.....: 16689 MAGNESON LP
City.....: LOS GATOS CA
Contractor.....: SIGNATURE ROOFING, INC.
License.....: 686668
Address.....: 1190 MIRALOMA WAY #V
City.....: SUNNYVALE, CA
Business Lic..: 95030155
Arch\Eng\Design.:
License.....:
Address.....:
City.....:

Status..: ISSUED
Applied.: 08/28/1995
Approved: 08/28/1995
Issued..: 08/28/1995
Expires.: 02/24/1996

Valuation.....: 4,200.00
Total Sq.Ft.....: 2,100 Livable Sq.Ft.:
Class Code.....: 434 Bldg Count: 001 Units Count: 000

**PERMIT FEES**

| | | | |
|---|---|---|---|
| Permit Issuance.: | 22.00 | Park Tax.....: | .00 |
| Building Permit.: | 100.50 | Planning Plan Ck.: | .00 |
| Title-24.....: | .00 | Micro Planning.....: | .00 |
| Seismic Tax.....: | .50 | Storm Drain Engr.: | .00 |
| Plan Check.....: | .00 | Hauling Fee.....: | 31.50 |
| Micro Building.: | 1.10 | Computer Services: | 4.02 |
| Construction Tax: | .00 | Electrical Fee.....: | |
| Utility Tax.....: | .00 | Plumbing Fee.....: | |
| Gen Pln Updt....: | .00 | Mechanical Fee...: | |

| | |
|---|---|
| Total Calculated Fees: | 159.62 |
| Total Additional Fees: | .00 |
| Total Fees Due.....: | 159.62 |
| Total Payments.....: | .00 |
| BALANCE DUE.....: | 159.62 |

CONTRACTORS DECLARATION

I certify that I am properly licensed by the State of California Contractors License Law.

Signature X B. Turzo

COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A I hereby affirm that I have a policy of Worker's Compensation insurance. A certified copy of a certificate of that insurance is herewith furnished, and on file with the Town. I further affirm that I shall keep the insurance in effect throughout the job.

Signature X B. Turzo

CERTIFICATE OF EXEMPTION FROM WORKER'S COMPENSATION INSURANCE

B 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 Worker's Compensation Laws of the State of California.

Signature X

CERTIFICATION OF PERMIT ISSUANCE

I certify that I have read this application and state that the above information is correct. I agree to comply with all Town ordinances and State Laws relating to building construction, and hereby authorize representatives of this Town to enter upon the above mentioned property for inspection purposes.

Signature X B. Turzo

ATTACHMENT 3

# TOWN OF LOS GATOS
## COMMUNITY DEVELOPMENT
## BUILDING PERMIT

| | | | |
|---|---|---|---|
| Permit ID/Type: | B18-0943 BUILDING/BUILDING/RESIDENTIAL/REROOF | Applied: | 10/26/2018 |
| Work Description: | T/O (E) COMP R/R WITH COMP 2400 SF ESR 389 | Approved: | |
| Status: | ACTIVE | Issued: | |
| Address: | 16689 MAGNESON LOOP, LOS GATOS, CA 95032 | Expires: | 4/24/2019 |
| Owner: | TURZO ARMAND A;SHARON R TRUSTEE<br>16689 MAGNESON LOOP<br>LOS GATOS, CA<br>CA 95032 | Phone: | [redacted] |
| Contractor: | CALIFORNIA ROOFING CO., INC.<br>1595 S. TENTH ST.<br>SAN JOSE, CA 95112 | Phone: | 408-293-7977 |
| License No.: | 174900 | | |

| | | | |
|---|---|---|---|
| Job Value: | $10,000.00 | Buildings: | 1 |
| Total Sq. Ft.: | <$SQUARE_FEET$> | Houses: | 0 |
| Building Use: | Dwellings | Census #: | 434 |
| Occupancy Type: | R-3 | Construction Type: | V-B |

| | |
|---|---|
| Total Fees | $410.00 |
| Total Payments | $0.00 |
| **Balance Due** | $410.00 |

**LICENSED CONTRACTOR'S 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 C-39 California Contractor License No. 174900

Expiration Date 12-31-18 Contractor Signature [signature]

**WORKERS' COMPENSATION DECLARATION 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.**

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, 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 No. _____

✓ 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 Arthur J Gallagher Policy Number CAWC 929413 Expiration Date 10/1/2019

Name of Agent FRANK Cook Phone # (408) 973-5500

____ 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.

[signature] 10/26/2018

Signature of Applicant Date

B18-0943

# TOWN OF LOS GATOS
## BUILDING PERMIT APPLICATION
**(Email: Building@LosGatosCA.gov)**

**Project Planner's Name:** _____

| | | |
|---|---|---|
| ***PROJECT ADDRESS** 16689 MAGNUSSEN LOOP | | ***APN#** |
| ***OWNER NAME** SHARON TUTZO | ***PHONE - REQUIRED** | E-MAIL |
| ***STREET ADDRESS** 16689 MAGNUSSEN LOOP | ***CITY, STATE, ZIP** LOS GATOS, CA | FAX |
| APPLICANT NAME California Roofing Co INC | PHONE (408) 293-7977 | E-MAIL DMORENO@CAL-ROOF.COM |
| STREET ADDRESS 1595 S. TENTH STREET | CITY, STATE, ZIP SAN JOSE, CA 95112 | FAX |
| TENANT CONTACT NAME SHARON TUTZO | [redacted] | E-MAIL |
| ****BUSINESS NAME** | | CONTACT FAX |
| BUSINESS ADDRESS, CITY, STATE, ZIP | | |

***CONTACT:** ☐ OWNER ☐ H.O.A. ☐ TENANT ☒ CONTRACTOR ☐ PERMIT SERVICE ☐ ARCHITECT ☐ DESIGNER ☐ ENGINEER

| | | |
|---|---|---|
| ***CONTRACTOR NAME** California Roofing Co INC | PHONE (408) 293-7977 | LICENSE TYPE C-39 |
| ***STATE LICENSE #** 174900 | **STATE LICENSE EXPIRES** 12/31/2019 | TOWN BUSINESS LICENSE # 30938 |

***DESCRIPTION OF WORK** Tear off 1 Asphalt Shingle Roof. Check For Dry rot. Install 1 Layer DIAMOND Deck Underlayment AND 40 year Certainteed LANDMARK PRO Shingles

***CONSTRUCTION VALUATION (Per Structure):** 10,640

| | |
|---|---|
| *AREA OF REMODEL SPACE: S.F. | *NEW OR RELOCATED PLUMBING FIXTURES: Y N |
| **EXISTING USE(S) | **PROPOSED USE(S) |

| | | |
|---|---|---|
| **OCCUPANCY(S): | **CONSTRUCTION TYPE: | HISTORIC DISTRICT OR PRE-1941? Y (N) |

| | | | |
|---|---|---|---|
| FIRE SPRINKLERS: Y N | FIRE HAZARD AREA: Y N | **HAZARDOUS MATERIALS? Y N | *SEPTIC ☐ or SEWER ☐ |

***REQUIRED INFORMATION FOR ALL APPLICATIONS**
****REQUIRED FOR COMMERCIAL APPLICATIONS**

| | EXISTING | | PROPOSED | |
|---|---|---|---|---|
| First Floor | | S.F. | | S.F. |
| Second Floor | | S.F. | | S.F. |
| Third Floor/Attic – Habitable? Y N | | S.F | | S.F |
| Basement/Cellar – Habitable? Y N | | S.F. | | S.F. |
| Garage – Attached ☐ Detached ☐ | | S.F. | | S.F. |
| Pool House/Cabana ☐ Pool/Spa ☐ | | S.F. | | S.F. |
| Porch ☐ Deck ☐ Retaining Wall ☐ | | S.F./L.F. | | S.F. |

**REROOF - RESIDENTIAL AND COMMERCIAL**

| | | |
|---|---|---|
| TEAR-OFF: SHAKE ☐ COMP ☒ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐ | # of SQUARES PER STRUCTURE 27.1 | COOL ROOF Y (N) |
| NEW: SHAKE ☐ COMP ☒ WOOD SHINGLES ☐ TILE ☐ B.U.R. ☐ | | ICC ES/ESR # 1389 |
| **CONSTRUCTION VALUATION (PER STRUCTURE):** $10,640 | | CLASS A ☒ C ☐ |

**Please complete Electrical, Mechanical, and Plumbing details on reverse side**

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