

**TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING PERMIT**

Permit Number: **893-000556**

Work Description: **T/O (E) SHINGLES R/R 3400 SF W/COMP OSB MAY BE NEEDED BUT
IT APPEARS TO BE SOLID SHEETED)**

Building Address: **226 CALDWELL AV IG**

Applied: **07/22/2003** Status: **APPLIED**
Approved: **07/22/2003** Issued: **07/22/2003**
Expires: **01/18/2004**

OWNER **PARKER KEVIN T; PEZZINI ANNE 07/22/2003** Phone: **[REDACTED]**
389 LOS GATOS BLVD
LOS GATOS, CA
95032-5543
License:

CONTRACTOR **OLD COUNTRY ROOFING 07/22/2003** Phone: **782-8300**
125 B GROBRIC CT
SUISUN CA
94585
License: **622731**

Valuation: **\$10,200.00**
Total Sq. Ft.: **3400** Liveable Sq. Ft.: **0**
Class Code: **424** Bldg Count: **1** House Count: **0**

Description	Tot Fee
Building Permit Fees	229.00
Computer Services Fee	7.92
Microfilm Fees - Bldg.	2.20
Road Impact Basin #2	136.00
Seismic Tax 5%	.05
Seismic Tax 95%	.97
Total Calculated Fees:	\$376.14
Total Additional Fees:	\$0.00
Total Fees Due:	\$376.14
Total Payments:	\$0.00
Balance Due:	\$376.14

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of division 3 of the Business and Professions Code, and my license is in full force and effect.

Signature X **[Signature]** COMPLETE A or B

WORKER'S COMPENSATION DECLARATION

A) I hereby affirm under penalty of perjury 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.

Signature X **[Signature]**

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 workers' compensation laws of California, and agree that, if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature X

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000. IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.

CERTIFICATION OF OWNER/BUILDER DECLARATION

I hereby affirm under penalty of perjury that I, as owner of the property, have read this application and the owner/builder information form attached 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 inspections.

Signature X **[Signature]**



TOWN OF LOS GATOS

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
(408) 354-6881 or (408) 399-5711 FAX (408) 354-7593

CIVIC CENTER
110 E. MAIN STREET
P.O. Box 949
LOS GATOS, CA 95031

PERMIT APPLICATION FOR PLAN REVIEW/BUILDING PERMIT

SITE ADDRESS 226 CALDWELL AVE Today's Date 7-22-03

TYPE OF WORK TO BE DONE New Addition Alteration Repair Demo. Reroof Pool/Spa Renewal

DETAILED DESCRIPTION OF WORK TO BE DONE REMOVE EXISTING LAYER OF WOOD SHINGLES
INSTALL 30 FT FELT & CERTAINTED GYPSUM COMP

COSB MAY BE NEEDED BUT IT APPEARS TO BE SOLID SHEET

Square Foot Detail	Existing	Alteration	New/Addition/Conversion	Pool/Spa/Reroof
1 st Floor	_____	_____	_____	<u>3400</u>
2 nd Floor	_____	_____	_____	_____
Attic/Basement/Cellar	_____	_____	_____	_____
Attached/Detached Garage	_____	_____	_____	_____

CONSTRUCTION VALUATION: \$10,000 Include costs of all labor and materials

IS BUILDING/ADDITION: Heated? Yes No Cooled? Yes No Pre 1941/Historic Fire Sprinkler System

PROPOSED USE OF BUILDING: RESIDENTIAL

CONTACT NAME TESS Phone _____

Address 1263 GROBELE CT City PARK MEAD Zip 94534

Owner Name KEVIN PARKER Phone (Required) _____

Address SAME City _____ Zip _____

Architect/Engineer/Designer _____ License # _____ Phone _____

Address _____ City _____ Zip _____

Contractor Name OLD COUNTRY ROOFING

State License No. 622731 License Type CB9 Expires 7-31-03 Town Business Lic. No. 15092

Tenant _____ Phone _____

Address _____ City _____ Zip _____

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. 1097, Civ. C.)

Lender's Name _____ Lender's Address _____

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

Signature T. Robinson Date 7-22-03