

TOWN OF LOS GATOS
BUILDING INSPECTION DEPARTMENT

Permit Number: B95-001046

Work Description: T/O COMP SHINGLES REROOF W/CLASS A TORCH DOWN

Building Address: 18 OAK HILL WY	Status...: ISSUED
Owner.....: WEST LORRAINE D	Applied.: 11/16/1995
Address.....: 18 OAK HILL WY	Approved: 11/16/1995
City.....: LOS GATOS CA	Issued...: 11/16/1995
Contractor.....: WEST LORRAINE D	Expires..: 05/14/1996

License.....:
Address.....: 18 OAK HILL WY
City.....: LOS GATOS CA
Business Lic...:
Arch\Eng\Design.:
License.....:
Address.....:
City.....:

Valuation.....: 1,125.00

Total Sq.Ft.....: 750 Livable Sq.Ft.:

Class Code.....: 434 Bldg Count: 001 Unit Count: 000

***** PERMIT FEES *****

Permit Issuance..:	22.00	Park Tax.....:	.00
Building Permit..:	41.25	Planning Plan Ck..:	.00
Title-24.....:	.00	Micro Planning...:	.00
Seismic Tax.....:	.50	Storm Drain Eng..:	.00
Plan Check.....:	.00	Hauling Fee.....:	11.25
Micro Building...:	2.20	Computer Services:	1.65
Construction Tax:	.00	Electrical Fee...:	
Utility Tax.....:	.00	Plumbing Fee.....:	
Gen Pln Updt.....:	.00	Mechanical Fee...:	

Total Calculated Fees:	78.85
Total Additional Fees:	.00
Total Fees Due.....:	78.85
Total Payments.....:	.00
BALANCE DUE.....:	78.85

CONTRACTORS DECLARATION

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

Signature X _____

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 _____

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 Lorraine D West

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 Lorraine D West

TOWN OF LOS GATOS

OWNER-BUILDER VERIFICATION

ATTENTION OWNER-BUILDERS!

B95-00046

IF YOU PLAN TO IMPROVE YOUR PROPERTY AND EMPLOY PERSONS OTHER THAN YOUR IMMEDIATE FAMILY, THE FOLLOWING INFORMATION WILL BE OF BENEFIT TO YOU. STATE AND FEDERAL LAWS REQUIRE THAT YOU:

1. REGISTER WITH THE STATE AND FEDERAL GOVERNMENTS AS AN EMPLOYER.
2. WITHHOLD AND REMIT INCOME TAX FOR EACH EMPLOYEE.
3. PAY SOCIAL SECURITY COSTS ON EACH EMPLOYEE.
4. WITHHOLD AND REMIT SOCIAL SECURITY COSTS ON EACH EMPLOYEE.
5. PAY WORKER'S COMPENSATION INSURANCE COSTS ON EACH EMPLOYEE.
6. WITHHOLD AND REMIT DISABILITY INSURANCE COSTS FOR EACH EMPLOYEE.
7. PAY UNEMPLOYMENT INSURANCE COSTS ON EACH EMPLOYEE.

YOU MAY CONSTRUCT IMPROVEMENTS FOR SALE ONLY UNDER SPECIFIC, LIMITED CONDITIONS.

YOU MAY CONSTRUCT IMPROVEMENTS FOR RENTAL-OCCUPANCY ONLY UNDER SPECIFIC, LIMITED CONDITIONS.

YOU MAY SUBCONTRACT PORTIONS OF THE CONSTRUCTION TO ANY PERSON OR FIRM, BUT THEY MUST BE LICENSED BY THE STATE OF CALIFORNIA.

INFORMATION ABOUT INSURANCE, LIEN LAWS, AND OTHER CONSTRUCTION MATTERS MAY BE OBTAINED FROM THE CONTRACTORS STATE LICENSE BOARD AND VARIOUS BUSINESS AND TRADE ASSOCIATIONS.

Please complete and return this information at your earliest opportunity to avoid unnecessary delay in processing and issuing your Building Permit.

1. I personally plan to provide the major labor and materials for construction of the proposed property improvement: or X .
(yes) (no)
2. I have signed an application for a Building permit for the proposed work:
X or .
(yes) (no)

I AGREE TO CHECK THAT EACH SUBCONTRACTOR HAS A VALID TOWN OF LOS GATOS BUSINESS LICENSE BEFORE THEY BEGIN WORK. (YOU MAY VERIFY BUSINESS LICENSE STATUS WITH THE FINANCE DEPARTMENT AT 354-6835).

Lorraine D. West
(SIGNATURE)

11-16-95
(DATE)

Property Owner: LORRAINE D. WEST

Address: 18 OAK HILL WAY, LOS GATOS, CA 95032
(of job site)

Permit Number: E96-000422

Work Description: ELEC PERMIT SERVICE UPGRADE NOT OVER 200 AMPS

Building Address: 18 OAK HILL WY
Owner.....: WEST LORRAINE D
Address.....: 18 OAK HILL WAY
City.....: LOS GATOS CA
Zip.....: 95032
Contractor.....: JERRY'S ELECTRICAL SERVICE
License.....: 662487
Address.....: [REDACTED]
City.....: [REDACTED]
Zip.....: [REDACTED]
Business Lic.: Also is Applicant

Status...: ISSUED
Applied.: 08/22/1996
Approved:
Issued...: 08/22/1996
Expires.: 02/18/1997

--Square Footage--
New Residence: Remodel: Commercial:

***** PERMIT FEES *****

Permit Issuance.....:	25.00
Plan Check Fee.....:	.00
New Resident.....:	.00
Remodel.....:	.00
Commercial.....:	.00
Detail Electrical Fee:	30.00

Total Calculated Fees:	55.00
Total Additional Fees:	.00
Total Fees Due.....:	55.00
Total Payments.....:	.00
BALANCE DUE.....:	55.00

CONTRACTORS DECLARATION

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

Signature X _____

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 _____

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 _____

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

Permit Number: M05-114

Work Description: ADD A/C

Building Address: 18 OAK HILL WY LG

Applied: 04/05/2005 Status: ISSUED
Approved: 04/05/2005 Issued: 04/05/2005
Expires: 10/02/2005

OWNER BRADY KAREN
18 OAK HILL WAY
LOS GATOS, CA
95030

04/05/2005 Phone: [REDACTED]

CONTRACTOR DAYSPRING ENTERPRISES

04/05/2005 Phone: [REDACTED]

--Square Footage--

New Residence: 0

Remodel: 0

Commercial: 0

Description	Tot Fee
Mechanical Permit Fees	57.00

Total Calculated Fees:	\$57.00
Total Additional Fees:	\$0.00
Total Fees Due:	\$57.00
Total Payments:	\$0.00
Balance Due:	\$57.00

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.

License Class C-20 License No. 835598 Exp. Date 04-30-06 Contractor Name DAYSPRING ENTERPRISES

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's State License Law for the following reason: (Sec. 7031.5, Business & Professions Code)

() 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).

() I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code).

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

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 the work for which this 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 _____ Policy Number _____

☒ 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.

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 FEES.

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 _____

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 county to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Paul Tib

Date 04-05-05

NOTICE: All new mechanical equipment shall be screened and the screening shall match the building in terms of material and color. Noise levels from the equipment shall not exceed what is permitted by Section 16.20.025 of the Town of Los Gatos Code.

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

Permit Number: **E05-169**

Work Description: **ADD A/C**

Building Address: **18 OAK HILL WY LG**

Applied: **04/05/2005**

Approved:

Status: **ISSUED**

Issued: **04/05/2005**

Expired: **10/02/2005**

OWNER **BRADY KAREN
18 OAK HILL WAY
LOS GATOS, CA
95030**

04/05/2005 Phone: [REDACTED]

CONTRACTOR **DAYSRING ENTERPRISES**

04/05/2005 Phone: [REDACTED]

--Square Footage--

New Residence: **0**

Remodel: **0**

Commercial: **0**

Description	Tot Fee
Electical Permit Fees	44.00

Total Calculated Fees:	\$44.00
Total Additional Fees:	\$0.00
Total Fees Due:	\$44.00
Total Payments:	\$0.00
Balance Due:	\$44.00

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.

License Class **C-20** Lic. No. **83559E** Exp. Date **04-30-06** Contractor Name **DAYSRING ENTERPRISES**

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractor's State License Law for the following reason: (Sec. 7031.5, Business and Professions Code)

() 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).

() I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code).

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

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() 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 the work for which this 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 _____ Policy Number _____

☒ 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.

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 FEES.

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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 county to enter upon the above mentioned property for inspection purposes.

Signature of Applicant or Agent _____

Date **04-05-05**

NOTICE:

1. Signs are regulated. See Planning Dept. for requirements
2. Outdoor lights are regulated against shining on other properties, shoestring lighting is not permitted.