# Construction Permit

** Issued by: **
** Date: ** July 29, 1976

** Job Address: ** 5446 Ridgeway

** Owner: ** Y. K. Ha
** Contractor: ** E & M Plumbing

** Zoning: **
- ** Code: ** 24
- ** Permit Issued by: ** J D

** Valuation: ** 350

** Remarks: **
- Fire Zone
- No. of Units
- Occup. Group
- Cont. Cr. No.
- Type Constr.
- Sprinklers
- Occup. Load
- Basement
- No. of Stories
- Use Permit No.

** Permit Fee: ** $10.00

** Fees: **
- Micro Fee
  - 10-0619-003
- SMIP Fee
  - 84-0251-013
- Cert. of Occ.
  - 10-0420-003
- Water Conn. Fee
- Sewer Conn. Fee

** Total Fees: ** $10.50
PERMIT

Application Number
90 00004911

Job Address
5440 RIDGEWAY AV

Issue Date
9/01/99

permit type:
REROOFING PERMIT---2L

Subdivision:

Parcel Hbr:
102 110 13

Geo Code:
3305 05 03 09 7

Owner Name:

Norick
Lydia Jane

Address:
5440 RIDGEWAY
Stockton
CA

Appl Type:
REROOFING (SINGLE FAMILY DWELLINGS & DUPLEX)

Desc of Work:
RESIDENTIAL
REROOF, GENERAL

Valuation:

$4000

Square ftg:

2500
Zoning:
R1

Occup Group:

Const Type:

Special Notes and Conditions

TAPIAS ROOFING CSLB 589135 EX 2/29/2000

This section need not be completed if the permit is for one hundred dollars ($100) or less.

WORKERS' COMPENSATION DECLARATION

The identity of any contractor or its employees is not to be considered as an independent contractor or

Company
Certified copy is hereby furnished. Expires

Date

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

The City Clerk's office within 90 days after approval of the project or imposition of the fees, deductions, reservations or other excises stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are provided for or satisfied, under protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKERS' COMPENSATION DECLARATION

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. 3900, Lab. C).

Policy No:

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.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county 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.

SIGNED:

APPLICATION APPROVAL

This permit does not become valid until signed by the building official or his deputy and fees are paid.

Signature:

Date: 9/4/73

Check: 9473

PHONE: (209) 937-8561
24 Hr. Inspection Request
937-8560