

## Remodeling? Don't forget permits

If a contractor asks a homeowner to pull his or her own permits, that should be a red flag for a homeowner to find a different remodeler, according to the National Association of the Remodeling Industry (NARI). Relying on a contractor to navigate the permitting process can save homeowners time, money and stress.

"A reputable contractor should object to a homeowner pulling his or her own permits," says Darius Baker, CKBR, owner of D & J Kitchens & Baths, Inc., and a certified member of NARI. "It's part of the service that a consumer should expect when they hire a contractor."

Permits are the way cities regulate construction and help ensure that all construction is safe. The safety of the occupants of buildings is the primary reason for having construction codes, and the permits are an agreement that whatever work is being done to a home complies with those codes. Most government bodies adopt codes for construction, mechanical, plumbing and electrical, and in addition, there are federal, state and local laws that govern construction, such as those covering energy conservation.

Most home projects require a permit, and the permit and inspection process can be a tedious process. Although homeowners are allowed to pull their own permits, it is in their best interests to have the remodeler they hired do it instead. The first reason is the process of getting the permit will generate a flurry of questions from the local building department that the homeowner is most likely not qualified or prepared to answer. "The homeowner then has to run back and forth between their designer, contractor or architect to answer the questions, and that's not an ef-

ficient way to spend time," Baker says. Having the remodeler talk to the building department when he or she pulls the permit will help speed up the approval process.

Second, if homeowners pull the permits, they – instead of the remodeler – will be responsible for the project and have to answer to local building inspectors during home inspections. Inspectors are going to look at details that the homeowner might not know how to address. The homeowner will then need to consult with their remodeler to sort out any problems the inspector finds. "In our experience, the remodeler can often correct those issues on the spot and get approvals," Baker says. "By not being responsible for the inspection, there could be several days or a week of delays."

Having a remodeler pull permits can also help the homeowner save money. A contractor may charge his client for three hours to get permits, but that charge includes all the back and forth discussion with the local building department and inspectors. "A homeowner who takes time off of work to get these permits will have to ask themselves, 'how valuable is my time?'" Baker said.

The contractor can also save money by negotiating fees. Permit fees are usually calculated by the value and scope of a project. If you have a good contractor, the contractor will know how to get the permits for the least amount of money. "A homeowner goes down there and says they are doing a \$100,000 kitchen project, but if I go down there, I will tell the building department that they are inspecting only plumbing, electrical, structural or mechanical elements. It's not their business to know how much the homeowner is spending on

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## Banks Council told cost of road repair

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representative, Hough said that they can also use a volunteer. Council agreed to maintain a council member as representative and will consider who that representative will be next month, when all council members are present. In the meantime, Hough will attend the meetings as the alternative representative.

Council awarded a contract for the Oak Way overlay and improvements to Lakeside Industries for \$88,815.55.

The City Manager's Report included the following:

- PGE franchise negotiations are proceeding well and a final proposal should be presented to council at their October 13

meeting.

- A leak detection survey of the Banks Water Utility System has been completed and the city engineer is reviewing the report. Many leaks have already been corrected, and Public Works Supervisor Fred Evers and Hough will develop a plan for correcting the remainder.

- City staff is working on an H1N1 Flu Pandemic Operating Plan. The goal is to have a plan ready in about three weeks. The city has hired a Portland State University graduate student to create the plan and to seek grant funding for installation of two Automated External Defibrillators (AEDs), one in City Hall and one in the Library.

- An energy audit will be conducted on each City building, including the gazebo, to see if there are ways to accomplish council's goal for Banks be an environmentally sensitive city, and for city membership in the Partners for a Sustainable Washington County Community. The city will use an intern from Pacific University who will be working with Adapt Engineering of Gladstone.

- ODOT has advised the city that the Edwards Tunnel on Highway 26 will be closing for two to eight months, sometime in the near future, to lower the roadway in the tunnel.

The next council meeting will be on October 13 at 7:30 at City Hall.

## Heart disease once again on the rise

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and not using cholesterol-lowering drugs;

- Blood pressure below 120/80 millimeters of mercury (mmHg) without using blood pressure-lowering medication;

- Not overweight or obese, as reflected in a body mass index (BMI) less than 25 kg/m<sup>2</sup>; and

- Never diagnosed with diabetes.

In numerous studies, people without risk factors have lower healthcare costs and are far less likely to develop cardiovascular disease.

In the National Health and Nutrition Examination Surveys (NHANES):

- 4.4 percent of adults had all five of the low-risk factors in NHANES I, 1971-75;

- 5.7 percent had all five in NHANES II, 1976-1980;

- 10.5 percent of adults rated low risk on all factors in NHANES III, 1988-94; and

- only 7.5 percent of adults rated low risk on all factors in the 1999-2004 survey.

"Until the early 90s, we were moving in a positive direction, but then it took a turn and we're headed in a negative direction," Ford said. "When you look at the individual factors, tobacco use is still headed in the right direction and so are cholesterol levels, although that has leveled off. The problem is that blood pressure, BMI and dia-

betes are all headed in the wrong direction."

An imbalance in the amount of energy consumed in food and the amount expended in physical activity is likely a major culprit in the negative risk factor trends, Ford said.

"Addressing this imbalance, by people becoming more active and eating less, would reduce overweight and obesity which, in turn, would help to lower blood pressure and prevent diabetes," Ford said.

The trends over time are similar in men and women, although in every survey significantly more women than men had across-the-board low risk factors.

Furthermore, whites had a significantly higher prevalence of low risk factors than African Americans in all but one survey (1976-1980). A larger percentage of whites had a low risk factor burden compared to Mexican Americans during 1988-1994 and 1999-2004 surveys.

Results of the study illustrate a great need for prevention, "thus, healthcare providers should have adequate resources, time and reimbursement to engage in the prevention of cardiovascular disease in patients," researchers said. "Such efforts by clinicians need to be complemented by efforts by state and national agencies that have the responsibility to

develop effective public health interventions."

Potential targets for such interventions include work sites and schools where large numbers of people can be targeted and where evidence-based interventions can be implemented.

In an accompanying editorial, Rob M. van Dam, Ph.D. and Walter C. Willett, M.D., Ph.D. of Harvard Medical School and Brigham and Women's Hospital said the findings are disturbing because the trends among younger age groups have occurred in the presence of unprecedented availability of evidence-based heart disease treatment and even more worrisome because the trends do not yet reflect the effects of the current epidemic of childhood obesity.

The findings provide an important signal that the health of Americans is at a crossroad, they noted. "Much potential exists to reverse ominous trends in cardiovascular risk factors and mortality in the United States, but this is unlikely to occur without making prevention of overweight and obesity a clear national priority."

Ford's co-authors are: Chaoyang Li, M.D., Ph.D.; Guixiang Zhao, M.D., Ph.D.; William S. Pearson, Ph.D.; and Simon Capewell, M.D. Author disclosures are on the manuscript.

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