

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0115329

Insp Area: 4  
Thos Bros: 277 D4

Site Address: 39 KELSO CR SAC  
Parcel No: 225-0600-037

Sub-Type: RES  
Housing (Y/N): N

CONTRACTOR  
ALLEY & CO  
7000 FRANKLIN BL  
SAC CA 95823

OWNER  
PATEL JAYANTI M & HEMLATA  
39 KELSO CR  
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: HVAC C/O

**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 \_\_\_\_\_

**LICENSED CONTRACTORS 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 \_\_\_\_\_ License Number 675403 \_\_\_\_\_ Date \_\_\_\_\_ Contractor Signature \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a 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 Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date December 5, 2001 Applicant/Agent Signature Meriam G. Porter

**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 work for which the 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 INDEMNITY INS CO OF N AMERICA Policy Number NWC 011360-00 Exp Date 04/01/2002

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

Date December 5, 2001 Applicant Signature Meriam G. Porter

**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 FEE.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

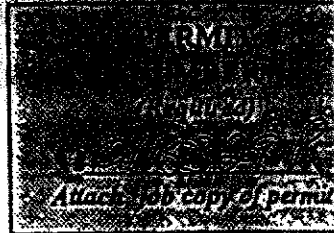
To Whom It May Concern:

Please refund the money for  
Permit # 0115329, address 39 Kelso Circle.  
That was the wrong address.

Please refund the money to:

Alley & Company  
7000 Franklin Blvd, Ste 730  
Sacramento, CA 95823

Attn: Tom Phillips  
(916) 429-2072



**CITY OF SACRAMENTO  
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT**

DEVELOPMENT SERVICES DIVISION  
1231 I STREET, RM. 200  
SACRAMENTO, CA 95814

**PERMIT SERVICE**  
916-264-761  
FAX 916-264-704

**BUILDING INSPECTION**  
916-264-571  
FAX 916-264-837

**REQUEST FOR PERMIT REFUND**

JOB ADDRESS: 39 KELSO CIR.

DATE OF WRITTEN REQUEST: \_\_\_\_\_ DATE REQUEST RECEIVED: 12/13/01

PERMIT FOR: HVAC

REASON FOR REFUND: WRONG JOB ADDRESS

CONTRACTOR: Alley & CO  
ADDRESS: 7000 FRANKLIN BLVD.  
CITY/ST/ZIP: SACRAMENTO, CA. 95823  
PHONE: (916) 429-2072

OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

REFUND RECIPIENT:  CONTRACTOR     OWNER     OTHER: \_\_\_\_\_

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID	AMOUNT TO BE REFUNDED
Permit Value ..... <u>2200<sup>00</sup></u>	Adj. Value ..... <u>2200<sup>00</sup></u>
BPF pd ..... <u>175<sup>00</sup></u>	BPF pd ..... <u>175<sup>00</sup></u>
PC/PPF pd ..... <u>0</u>	PC/PPF pd ..... <u>0</u>
SMI pd ..... <u>50</u>	SMI pd ..... <u>50</u>
CBL pd ..... <u>88</u>	CBL pd ..... <u>88</u>
Tech pd ..... <u>700</u>	Tech pd ..... <u>700</u>
Other .....	Other .....
Other .....	Other .....
Other .....	Other .....
Other .....	Other .....
Other .....	Other .....
Other .....	Other .....
Other .....	(Comm/Res Adman) ..... <u>(-30.00) (-30.00)</u>
Total Paid ..... <u>1833<sup>38</sup></u>	Total Refund Amount ..... <u>1833<sup>38</sup></u>

**PERMIT SERVICES USE ONLY**

Job Card Attached

App. Book Marked

Permit Cancelled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: John S. Boyd

DATE: 12/14/01

REFUND APPROVED BY: Phillip J. Harris

DATE: \_\_\_\_\_

PLEASE ALLOW 30 DAYS FOR PROCESSING

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Carrier INDEMNITY INS CO OF N AMERICA Policy Number NWC 011360-00 Exp Date 04/01/2002

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San  
Rock Hampton  
City Permit

Ⓢ Careful about the  
CONTRACT New carpet

# Alley & Company

7000 Franklin Blvd., #730  
Sacramento, CA 95823  
(916) 429-2072 • (916) 722-2469  
License #675403



Name: Jack Petel Phone: 922-5994 Bus: 457-2512  
Address: 439 Kelso Circle City: Sac Zip: 95833

I/We the owner(s) (BUYER) of these premises described below, authorize \_\_\_\_\_ to furnish and install all materials and labor necessary to improve the premises located at: (Street) 439 Kelso Circle (City) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Town) \_\_\_\_\_ (Phone) \_\_\_\_\_ according to the following specifications which are subject to the conditions of the premises and providing said installers and improvements are able to be provided according to and within State, County and City Laws, Codes and Ordinances having jurisdiction.

QTY	MANUFACTURER	MODEL	NUMBER	PRODUCTION	DESCRIPTION
<u>1</u>	<u>Goodman</u>	<u>Furnace upflow</u>	<u>80,000</u>	<u>BTU'S</u>	
<u>How Many Tons is Condensor</u>					

- Includes all California sales tax.....  no
  - Building Permits as required.....  no
  - Dispose of existing equipment.....  no
  - Connect to existing duct system.....  no
  - Low voltage wiring as required.....  yes no n/a  existing
  - 110 volt circuit as required.....  yes no n/a  existing
  - 220 volt circuit as required.....  yes no n/a  existing
  - Electrical disconnect with fuse as req'd.....  yes no n/a  existing
  - Amp sub / main panel.....  yes no n/a  existing
  - Copper refrigerant lines as required.....  yes no n/a  existing
  - Exterior refrigerant line cover.....  yes no n/a  existing
  - Install \_\_\_\_\_ standard / commercial supply register(s) with flex duct to the following room(s): \_\_\_\_\_
- Indoor energy saving set back thermostat.....  no  existing
  - Primary condensate drain.....  yes/no  existing
  - Secondary condensate.....  yes/no  existing
  - Condensate drain pump.....  yes/no  existing
  - Indoor equipment platform.....  yes/no  existing
  - Outdoor equipment platform.....  yes/no  existing
  - Attic tight with switch.....  yes/no  existing
  - Gas piping to equipment as req'd.....  yes/no  existing
  - New flex pipe system as required.....  yes/no  existing
  - Provide drop clothes and clean work area.....  yes/no  existing
  - Perform quality control inspection.....  absolutely

include Thermostat 9600 w/5 yr parts & labor warranty

Subject to Engineering Profile Inspection and Managers Approval / Rejection.

OPTION	PROPOSED SYSTEM PRICE	ACCEPT	DECLINE
Option 1	<u>22000</u>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2		<input type="checkbox"/>	<input type="checkbox"/>
Option 3		<input type="checkbox"/>	<input type="checkbox"/>

The proposed system is eligible for a \$ \_\_\_\_\_ rebate from \_\_\_\_\_. The rebate amount will / will not be applied towards the balance due. Rebate programs are subject to change without notice. The balance due is eligible to be financed by \_\_\_\_\_.  
Est. payment \$ \_\_\_\_\_ for \_\_\_\_\_ months. Financing subject to approval. DUE ON COMPLETION... 22000.00  
Approximate commencement date \_\_\_\_\_ Approximate substantial completion date \_\_\_\_\_

Notice to buyer: do not sign this agreement before you have read the front and back sides of this agreement. The prices, conditions, terms and specifications are satisfactory and hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Buyer's Signature: J Petel  
Buyer's Signature: \_\_\_\_\_  
Date: 11/29/01  
Estimator's Signature: S. Zunillo  
Date: 11/29/01 Registration # \_\_\_\_\_

This proposal may be withdrawn if not accepted by \_\_\_\_\_  
I chose to write three day list to follow same  
ALLEY & COMPANY 7000 LUTHER DR., #A SACRAMENTO, CA 95823 (916) 429-2072

You, the buyer, hereby may cancel this transaction any time prior to midnight of the third business day after the date of this transaction. See the notice of cancellation form on the back side of this contract for further information.

Buyer has the right to have Alley & Company obtain payment and performance bond at an additional cost to the buyer.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER: Goodman Insurance Agency  
 2030 Main Street, Suite #1100  
 Irvine CA 92614  
 Phone: 949-221-8700 Fax: 949-221-0877

INSURED: ALLEY & COMPANY HEATING & A/C  
 7000 Franklin Blvd. Suite 610  
 Sacramento CA 95823

DATE (MM/DD/YY): 05/14/02

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURER A: Indemnity Ins. Co. of N America  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one person) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (No Deductible) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per household) \$ PROPERTY DAMAGE (Per household) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACCIDENT \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACCIDENT \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	NWC 011360-00	01/02/01	01/02/02	EL. DISEASE - SA EMPLOYEE \$1,000,000 EL. DISEASE - SA EMPLOYEE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000
<b>OTHER</b> * SUBJECT TO 10 DAYS NOTICE IN THE EVENT OF NON PAYMENT OR NON SUBMISSION OF PAYROLL				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS AGREE BY ENDORSEMENT / SPECIAL PROVISIONS  
 RE: ALL OPERATIONS / WORKERS' COMPENSATION POLICY ONLY / FAX: 916-428-2007  
 ATTN: YVETT

CERTIFICATE HOLDER: FOLSPDU

ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

13000 FOLSOM BLVD.  
 FOLSOM CA 95630

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

*[Signature]*