

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0512257

Insp Area: 1

Thos Bros:

Sub-Type: RES

Housing (Y/N): N

Site Address: 614 11TH ST SAC

Parcel No: 002-0153-010

CONTRACTOR
AIR SOLUTIONS
910 T&U ALLEY
SACRAMENTO CA 95818

OWNER
JANE C & RICHARD E CRABLE LIVING TRUST
723 17TH ST
SACRAMENTO, CA 95814

ARCHITECT
ISSUED
CITY OF SACRAMENTO

SEP 21 2005

Nature of Work: PAPERLESS - CONDENSOR CHANGE OUT ONLY.

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).

DOWNTOWN PERMIT CENTER

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 C20 License Number 757806 Date 09-21-05 Contractor Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 09-21-05 Applicant/Agent Signature [Signature]

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 NO EMPLOYEES Policy Number _____ Exp Date _____

(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 09-21-05 Applicant Signature [Signature]

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.



CITY OF SACRAMENTO
 www.cityofsacramento.org
 Help Line: 1-916-808-5008 OR 1-800-52-PERMIT
 Inspection Request: 1-916-808-7022

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arroyo Blvd., Suite 200
 Sacramento, CA 95834

05122257

MINOR PERMIT APPLICATION

Date: 08/10/05

Fee # 916-264-1901

Receipted request must be received in this office by 3:00 P.M. to be processed the following working day. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a fine.

ISSUED

CITY OF SACRAMENTO

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

DOWNTOWN PERMIT CENTER

Job Address: 614 14th Street Bid Type: RESIDENTIAL
 CONTACT INFO Name: TOM SIMONS Phone: (916) 444-7896

Property Owner: RICHARD CERREALE Unit # LOWER Commercial (checked) 1783.00
 Address: 723 17th St Contractor: PLUMBING

City/County: SACRAMENTO License # 757806
 Phone: (916) 441-3026 Contractor: AIR SOLUTIONS INC
 Nature of Work: REPAIRS EXISTING 2 TON CONDENSER ONLY

Address: 910 T & U AVE License # 757806
 City/County: SACRAMENTO CA Contractor: PLUMBING
 Phone: (916) 444-7896 Fax: (916) 444-7895
 Pre-Registered? YES NO Registration #

<input type="checkbox"/> Reroof (including tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reroof <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Shower <input type="checkbox"/> Squares: _____ Material: _____ <input type="checkbox"/> Siding	<input checked="" type="checkbox"/> HVAC Installation (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cur-in <input type="checkbox"/> Fuel pump or elect. unit to gas	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only) <input type="checkbox"/> SAUD <input type="checkbox"/> PQA2
	<input type="checkbox"/> Other (describe below) Value of dist. work: <u>CONDENSER</u> Equipment: \$ _____ Out-let: \$ _____	<input type="checkbox"/> Direct Burial, Terminate Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Water-Drainage-Appointments <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	* NOTE * Connection Method Manual will require an additional building permit.

Office Use Only: Permit # _____ Date Received: 8/10/05 Date Issued: _____ Processing Initialed: ALL Permit # 05122257