

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

PAID
CITY OF SACRAMENTO

Permit No: 0519701

Insp Area: 2

Thos Bros: 338A7

Site Address: 6107 DAYBURST WY SAC

DEC 21 2005

Parcel No: 117-0575-019

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER NEW CITY HALL
MENDOZA KATHYREN/LUIS B
6107 DAYBURST WY
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: PAPERLESS PERMITS. C/OSPLITS SYSTEM HVAC & HEAT PUMP IN ATTIC. 2005 ENERGY STANDARDS APPLY. COMPLIANCE DOC'S REQ'D @ FINAL.

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 C-20 License Number 608005 Date 12-21-05 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12-21-05 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.

[Signature] 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:

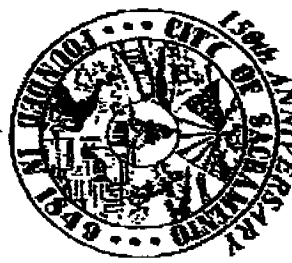
Carrier ZENITH INS CO Policy Number Z066385801 Exp Date 10/01/2006

(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 12-21-05 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.

05/11/05



PAID
SACRAMENTO
DEC 21 2005

NEW CITY HALL

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

DATE: 12/15/05

*Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: 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 quad fee

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

RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (limited)
JOB ADDRESS: 6107 Dogburst Way UNIT # _____ CONTRACT PRICE \$ 6857-
CONTACT PERSON: MARTHA BORGES

Property Owner: Kathyaen Mendoza Contractor: CLARK & BUSH Mechanical License # 10088005
Address: 6107 Dogburst Way Address: 4411 Auburn Blvd. City/State/Zip: Sacramento Ca. 95844
City/State/Zip: 95823 Phone: 909-2618 FAX: 909-2635
Phone: 93-7221

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<ul style="list-style-type: none"> • REROOF (excluding tile) • TEAR-OFF • RESHIRT • HOUSE • GARAGE • SQUARERS Material: • SIDING <ul style="list-style-type: none"> • wood • T-111 • Horz • vlyl 	<ul style="list-style-type: none"> • HVAC INSTALLATIONS (residential ONLY) • CHANGE-OUT <ul style="list-style-type: none"> • Heat Pump • Package • Split system • Roof mount • Cut-in • Heat pump or elect. unit to gas. • Wall furnace • Other (describe below) 	<ul style="list-style-type: none"> • WATER HEATER (residential ONLY) • GAS • ELECTRIC <ul style="list-style-type: none"> • Change-out • Electric to Gas • Relocate • New 	<ul style="list-style-type: none"> • MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) • Electric Service Change # amps • New electric outlets • Re-wire • Water Service Replacement • Sewer Service Replacement • Gas Line Replacement • Re-plumb • Water • Waste 	<ul style="list-style-type: none"> • PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment units ONLY). • SMUD • PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>
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Notes: Design Review approval may be required for certain areas.

DESCRIPTION OF WORK:

Attic H/P 9/0

Design Review approval may be required for certain areas.

Review & correction
Area 2
Fee 188.87

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/17/2005
PRODUCER Acordia of California Insurance Services, Inc. CA DOI LIC #0352275 11017 Cobblersrock Drive, Suite 100 Rancho Cordova, CA 95870	(916) 231-1741 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.	
INSURED Clarke & Rush Mechanical Inc., Dba Berkan & Clark Heating & Air 4411 Auburn Blvd. Sacramento, CA 95841	INSURERS AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: Transcontinental Insurance Company INSURER C: Zenith Insurance Company INSURER D: INSURER E:	NAIC #

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 LISTED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM NO. 2000-1 LTR (REV. 04)	TYPE OF INSURANCE	POLICY NUMBER	INSURANCE PERIOD DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1144563	DEC 21 2005	6/1/2005	6/1/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	CITY OF SACRAMENTO NEW CITY HALL					
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	C2077566140		6/1/2005	6/1/2006	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
C	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Z066385802		10/1/2005	10/1/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder is included as additional insured per form #CG2010 (11/85) attached.
 Subject to 10 day notice of cancellation for non-payment of premium.
 RE: Evidence of Insurance.

CERTIFICATE HOLDER Constructors State License Board P.O. Box 26000 Sacramento, CA 95826-	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN 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. AUTHORIZED REPRESENTATIVE: <i>Tom R. Higgins</i>
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