

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0114264

Insp Area: 2

Thos Bros: 338 A4

Site Address: 5951 BAMFORD DR SAC

Parcel No: 117-0250-029

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

KLEEN AIR
1657 SILICA AVE
SACTO. CA. 95815

OWNER

BRULEY
5951 BAMFORD DR
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: C/O SPLIT SYSTEM HVAC

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 481974 Date 11-02-01 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 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 improvement. **PERMITS AND DEVELOPMENT SERVICES** This 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 11-2-01 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 STATE COMPENSATION INSURANCE F Policy Number 1656138-01 Exp Date 10/01/2002

____ (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 11-2-01 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 ATTORNEYS FEE.

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



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

DATE: 11-1-01

SD's
req'd

- Permit request must be received in the office by 5:00 pm 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 fine.
- IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (owned)

JOB ADDRESS: 5951 BAYLEARD DRIVE

UNIT #

→ CONTRACT PRICE \$3871.00

→ CONTACT PERSON: EARL COX

→ CONTACT PHONE: 916-922-3995

Property Owner: TRULINE BUREAU
Address: 5951 BAYLEARD DRIVE
City/State/Zip: SACRAMENTO CA 95823
Phone: 916-922-3995

Contractor: KLEEN AIR
Address: 1051 SILICA AVENUE
City/State/Zip: SACRAMENTO CA 95815
Phone: 916-922-3995 FAX: 916-922-8409

NATURE OF REQUEST

Indicate from the selections below:

<input type="checkbox"/> REMOVAL (including all) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> REPAIRS Material: _____ Remarks: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Federal OSHA) <input type="checkbox"/> CHANGES-OUT <input type="checkbox"/> NEW Value of new work: Equipment \$ <u>5871.00</u> Labor \$ _____ Notes: Budget/Order approval req'd to proceed.	<input type="checkbox"/> WATER HEATER (Federal OSHA) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Move to Gas <input type="checkbox"/> Replace <input type="checkbox"/> New	<input type="checkbox"/> REMOVAL ELECTRIC (owner) FEDERAL (OSHA) <input type="checkbox"/> Service Service Change <input type="checkbox"/> New electric service <input type="checkbox"/> Service <input type="checkbox"/> Other Service Equipment <input type="checkbox"/> Other Service Equipment <input type="checkbox"/> Other Service Equipment <input type="checkbox"/> Other Service Equipment	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Federal and/or OSHA) <input type="checkbox"/> GAS <input type="checkbox"/> PDES *NOTES: Correction Notice forms will require an additional building permit.
--	--	--	---	---

DESCRIPTION OF WORK: CONDENSER CHANGE OUT UNIT LOCATION TYPE: SPLIT

SYSTEM

FROM : KLEENAIR 10/11/2001 12:02
 FROM : KLEENAIR 11/01/2001 12:02
 FRX NO. : 920 8409
 FRX NO. : 920 8409
 CITY OF SACRAMENTO → 99208409
 CITY OF SACRAMENTO → 99208409
 Nov. 01 2001 05:04PM P1
 Nov. 01 2001 05:44PM P1