

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0607052

Insp Area: 2

Thos Bros: 317D7

Site Address: 6836 DEMARET DR SAC

Parcel No: 035-0244-004

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR  
CLARKE & RUSH MECH  
4411 AUBURN BL  
SACRAMENTO CA 95841

OWNER  
BALDWIN PAUL F  
11600 KESTREL LAKE RD  
ELK GROVE, CA 95624

ARCHITECT

Nature of Work: PAPERLESS PERMIT. C/O SPLIT-SYSTEM HVAC PKG. 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 5/10/06 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).

**PAID**  
CITY OF SACRAMENTO

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

MAY 17 2006

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 5-17-06 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:

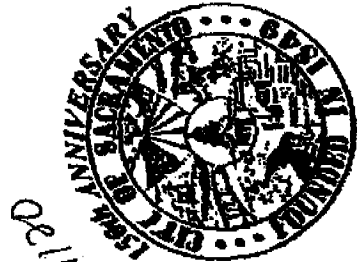
Carrier ZENITH INS CO Policy Number Z066385802 Exp Date 10/01/2006

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 5-17-06 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.



567120

CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DIVISION  
 FAXED PERMIT APPLICATION (certain restrictions apply)  
 Fax # 916-264-1901  
**PAID**  
 CITY OF SACRAMENTO  
 MAY 17 2006

DATE: 5/16/06

Note: Work started before a Building Permit is issued will be subject to a quad fee  
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.  
 Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.

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

RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (limited) • CONTRACT PRICES 6800.-  
 JOB ADDRESS: 6836 Delmarset Drive UNIT # \_\_\_\_\_  
 CONTACT PERSON: MARTHA ROBES • CONTACT PHONE: 909-26018  
 Contractor: CLARK & RUSH MECHANICAL # 608000  
 Address: 4411 Auburn Blvd.  
 City/State/Zip: Sacramento CA, 95844  
 Phone: 909-26018 FAX: 909-26035

Clark & Rush Mechanical 9166092635

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

<ul style="list-style-type: none"> <li>REEROOF (excluding tile)</li> <li>TEAR-OFF</li> <li>RESHEET</li> <li>HOUSE • GARAGE</li> <li>SQUARES Material:</li> <li>SIDING           <ul style="list-style-type: none"> <li>wood</li> <li>T-111</li> <li>Horiz</li> <li>vinyl</li> </ul> </li> <li>stucco</li> </ul>	<ul style="list-style-type: none"> <li>WATER HEATER (residential ONLY)           <ul style="list-style-type: none"> <li>GAS</li> <li>ELECTRIC               <ul style="list-style-type: none"> <li>Change-out</li> <li>Electric to Gas</li> <li>Relocate</li> <li>New</li> </ul> </li> </ul> </li> <li>DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)</li> </ul>	<ul style="list-style-type: none"> <li>MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)           <ul style="list-style-type: none"> <li>Electric Service Change # amps</li> <li>New electric circuits</li> <li>Re-wire</li> <li>Wear Service Replacement</li> <li>Sewer Service Replacement</li> <li>Gas Line Replacement</li> <li>Re-plumb               <ul style="list-style-type: none"> <li>Water</li> <li>Waste</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY).</li> <li>SMUD</li> <li>PGE</li> </ul> <p>*NOTE: Correction Notice Items will require an additional building permit</p>
---	---	--	--

Value of duct work: Equipment: \$ 3600  
 Cut-in: \$ \_\_\_\_\_

Note: Design Review approval may be required for rooftop units.

DESCRIPTION OF WORK: Ground split HVAC 9/0

As permit form (rev online 3/1/00) 635-0000-000

May 16 06 12:45p

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/17/2005

PRODUCED BY  
 Acordia of California Insurance Services, Inc.  
 CA DOI LIC #9382278  
 11017 Cobblecreek Drive, Suite 100  
 Rancho Cordova, CA 95870

INSURERS AFFORDING COVERAGE  
 Farmers & Latigo Insurance Company  
 Farmers Transcontinental Insurance Company  
 Farmers Group Insurance Company

MAIC #

INSURED  
 Clark & Rush Mechanical Inc., Dan Burton & Clark  
 Heating & Air  
 4417 Auburn Blvd.  
 Sacramento, CA 95841

THE 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.

**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	DESCRIPTION	POLICY NUMBER	START DATE	END DATE	COVERAGE	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> X <input type="checkbox"/> PER <input type="checkbox"/> LIC	1144663	6/1/2005	6/1/2006	EACH OCCURRENCE \$ 1,000,000 PRODUCTS - COMPOUND AGG \$ 50,000 MED EXP (ANYONE OTHER) \$ PERSONAL & ADV CLARY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGG \$ 1,000,000	
B	<b>ANY AUTO LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> MIXED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	08977588149	6/1/2005	6/1/2006	COMBINED SINGLE LIMIT (All coverages) \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Incidence) \$ PROPERTY DAMAGE (Per Incidence) \$ AUTO ONLY - SA ACCIDENT \$ OTHER THAN SA ACC \$ OTHER THAN AUTO BODILY \$ EACH OCCURRENCE \$ AGGREGATE \$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY EMPLOYER (EXCEPTS EXCLUSIVE CONTRACTORS) EXCLUDED EPLA, DISEASE - EMPLOYEE SPECIAL PROVISIONS HERE	0006389802	10/1/2005	10/1/2006	<input checked="" type="checkbox"/> EPLA - SA ACCIDENT \$ 1,000,000 <input checked="" type="checkbox"/> EPLA - DISEASE - SA EMPLOYEE \$ 1,000,000 <input type="checkbox"/> EPLA - DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTIONS OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS AS PER ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate holder is included as additional insured per form 0002010 (9/1/05) attached.  
 Subject to 10 day notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER  
 Contractors State License Board  
 P.O. Box 28000  
 Sacramento, CA 95826

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER SHALL ENDORSE TO SAID 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAILED TO THE LEFT, BUT FAILURE TO DO SO SHALL NOT BE A WAIVER OF THE OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

*Tom R. Reynolds*  
 AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1999

ACORD 25 (2/99)