

CITY OF SACRAMENTO

Permit No: 0406315

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 277B5

Site Address: 102 CEDRO CR SAC

Sub-Type: RES

Parcel No: 225-0612-011

Housing (Y/N): N

CONTRACTOR

NEW CENTURY AIR
3129 FTTE CIR #130
SACRAMENTO CA 95827

OWNER

WILLIE & SHARON WARD
102 CEDRO CR
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: C/O SPLIT SYSTEM HVAC ..DES REV AREA

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 C70 License Number 718740 Date 4/26/04 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 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 FUND Policy Number 1616422 Exp Date 01/10/2005

(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 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.

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

New-Century Air Systems

Applicant's name: April D. Espinoza

Phone: 916.362.2822

Project Address: 102 Cedro Cir

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. Are you installing a GROUND-MOUNTED UNIT?

- Yes (If yes, select either A or B below.)
 No (If "no" continue on to item 2 on the back side of this page.)

A. There is an existing ground-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

- a. The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit. (Check the box to the left if it accurately and completely describes your proposed work.)
- b. The new unit differs in location from the existing unit. (Check the box to the left if it accurately describes your proposed work and continue on to either a or b below.)
1. The new unit is fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)
2. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

A. There is no unit in the proposed location. (Check the box to the left if this is correct and read a and b below.)

- a. The new unit will be fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)
- b. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

102 Cedro CIR

2. Are you installing a ROOF-MOUNTED UNIT?

Yes (If "yes", select either A or B below.)

No (If "no", see item 1 on the front of this form)

A. There is an existing roof-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

- a. The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit. (Check the box to the left if it accurately and completely describes your proposed work.)
- b. The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

B. There is no existing roof-mounted unit (Check the box to the left if this is correct and read a below.)

- a. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: _____

Date: _____

For City Staff use only

Counter Staff _____

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area