

Building Permit

City of Sacramento



***** Office Use Only *****

ISSUED

Permit No: 0404326
Date Issued: 3/23/04
Total Amount: 184.10

MAR 23 2004
Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 5176 Nelson St.
Nature of Work: replace gas split system

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 C2041C License Number 327383 Date 3/23/04 Signature Debra Carlson

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 property is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will be treated as if he or she had contracted with a contractor for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to complete the project (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 3/23/04 Applicant/Agent Signature Debra Carlson

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 113-02 Expiration Date 1/05

(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 3/23/04 Applicant Signature Debra Carlson

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.



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

Fax # (916) 264-1901

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

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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

Job Address: 5176 Nelson St 95820	Contract Price \$ 5250	Unit #
Parcel Number: 023-0164-012	CONTACT PHONE: 731-8157	
CONTACT PERSON:	Contractor: Valley Heating/Cut License # 327383	
Property Owner: Louise Nelson Hand	Address: 8232 Four Oaks Blvd	
Address: 5176 Nelson St	City/State/Zip: Sacramento CA 95808	
City/State/Zip: Sac CA 95820	Phone: 916 944 3183 FAX: 916 944 3053	
Phone: 916 731-8156		

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: *replace gas split system unit no visible from street*

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 <input type="checkbox"/> GARAGE 3+	(Residential ONLY) <input checked="" type="checkbox"/> NEW HVAC INSTALLATIONS <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below)	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of duct work: Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Connection Notice items will require an additional building permit.	NVR Faxback Permit updated 12/09/01

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0404326

Bldg Minor Permit
as of 03-23-2004 Permit Status: READY

Site Address: 5176 NELSON ST SAC
Parcel No: 023-0164-012
Thomas Bros: 318A4

CONTRACTOR
VALLEY HEATING AND AIR
8232 FAIR OAKS BLVD
CARMICHAEL CA 95608
Phone: 916-944-3723

OWNER
HAND LOUISE E
5176 NELSON ST
SACRAMENTO CA 95820
Phone:

**SMOKE DETECTORS ARE REQUIRED
WHEN ALTERATIONS, REPAIRS OR ADDITIONS
REQUIRING A PERMIT ARE IN EXCESS OF
\$1,000 OR WHEN ONE OR MORE SLEEPING
ROOMS ARE ADDED OR CREATED (GROUP R)**

Nature of Work: RES HVAC SPLIT SYSTEM CHANGEOUT.

Permit Valuation: \$5,250.00
Square Footage: 0

Building Permit	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$0.00	Sewer Development Fee:	\$0.00
City Bus Oper Tax	\$2.10	Regional Sanitation Fee..:	\$0.00
Technology Fee	\$7.00	Pocket Area Road	\$0.00
Housing Surcharge	\$0.00	SAFCA Fee	\$0.00
Res Const Tax	\$0.00	North Natomas	\$0.00
Penalty Fee	\$0.00	FBA-Jacinto Creek	\$0.00
Inspections	\$0.00	Refund	\$0.00
Replace Cards	\$0.00		
Renewal Fee	\$0.00	Additional Fees	\$0.00
Water Meter Fee	\$0.00		
		TOTAL FEES	\$184.10
		Payments	\$0.00
		BALANCE DUE	\$184.10

PAID
CITY OF SACRAMENTO

MAR 23 2004

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

MESSAGE CONFIRMATION

03/23/2004 15:25
ID=2ND FLOOR PLANNING

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
03/23	03'01"	916 944 3053	CALLING	004	OK 0000

03/23/2004 15:22 2ND FLOOR PLANNING → 99443053

NO.398 0001

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0404387

TRANSACTION DATE: 03/23/2004

TRANSACTION AMOUNT: 184.10

NOTATION:

APD #: **0404326**

SITE ADDRESS: 5176 NELSON ST SAC

PARCEL: 028-0164-012

TYPE: Bldg Minor Permit

SUB-TYPE: RES

HOUSING: N

STATUS: ISSUED

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Check		184.10

RECEIPT ACCOUNT ITEM LIST