

CITY OF SACRAMENTO

PAID

Permit No: 0519720

1231 I Street, Sacramento, CA 95814 CITY OF SACRAMENTO

Insp Area: 1

Thos Bros: 297F3

DEC 21 2005

Site Address: 410 22ND ST SAC

Parcel No: 003-0131-011

NEW CITY HALL

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR  
CLARKE & RUSH MECH  
4411 AUBURN BL  
SACRAMENTO CA 95841

OWNER  
HONEYEATER EDDIE D/NICOLE M  
2619 J ST  
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: PAPERLESS PERMIT, NEW CUT-IN, SPLIT SYSTEM, HVAC INSTALL, 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.

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

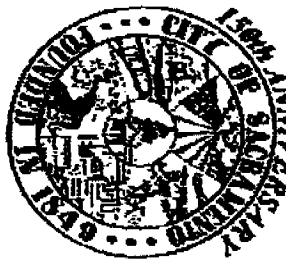
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become 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.

[Handwritten mark]

05F 1574



**PAID**  
CITY OF SACRAMENTO

DEC 21 2005

NEW CITY HALL

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 fine

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

DATE: 05

12/13/05

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

RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (multi-foot)

JOB ADDRESS: 410 22nd St, UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 9900.-

CONTACT PERSON: ~~Maryanne Roberts~~ CONTACT PHONE: 609-266-1818

Property Owner: ~~Alicia Hernandez~~ Contractor: ~~Lizaker Bush Medical~~ License # 608005

Address: 410 22nd St, Address: 441 Auburn Blvd.

City/State/Zip: Sac CA, 95844 City/State/Zip: Sacramento CA, 95844

Phone: 457-1286 Phone: 609-266-1818 FAX: 609-266-3535

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

<ul style="list-style-type: none"> <li>REAROF (excluding tile)             <ul style="list-style-type: none"> <li>TBAR-OFF</li> <li>RASHERB</li> </ul> </li> <li>HOUSE • GARAGE</li> <li>SQUARES</li> <li>Material:             <ul style="list-style-type: none"> <li>SIDING                 <ul style="list-style-type: none"> <li>wood</li> <li>T-111</li> <li>Hard</li> <li>Vinyl</li> </ul> </li> <li>stucco</li> </ul> </li> </ul> <p>Note: Design Review approval may be required in certain areas.</p>	<ul style="list-style-type: none"> <li>HYAC INSTALLATIONS (residential ONLY)             <ul style="list-style-type: none"> <li>CHANGE-OUT • NEW                 <ul style="list-style-type: none"> <li>Heat Pump</li> <li>Package</li> <li>Split system</li> <li>Roof mount</li> <li>Cut-in</li> </ul> </li> <li>Heat pump or elect. unit to gas.</li> <li>Wall Furnace</li> <li>Other (describe below)</li> </ul> </li> <li>Value of duct work: _____</li> <li>Equipment \$: _____</li> <li>Cost-In: \$ 9900</li> </ul> <p>Note: Design Review approval may be required for rooftop units.</p>	<ul style="list-style-type: none"> <li>WATER HEATER (residential ONLY)             <ul style="list-style-type: none"> <li>GAS • ELECTRIC</li> <li>Change-out</li> <li>Electric to Gas</li> <li>Relocate</li> <li>New</li> </ul> </li> <li>DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)</li> </ul> <p>Note: Design Review approval may be required in certain areas.</p>	<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>Water Service Replacement</li> <li>Sewer Service Replacement</li> <li>Gas Line Replacement</li> <li>Re-plumb</li> <li>Water</li> <li>Waste</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>
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DESCRIPTION OF WORK: *Office HVAC cut-in*

taxperm1.frm (rev online 3/10/03)

Remort # 0519730

Assoc 1

\$ 191.86

# ACORD CERTIFICATE OF LIABILITY INSURANCE

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

**PRODUCER**  
Acordia of California Insurance Services, Inc. (916) 441-1000  
CA DOI LIC #9352275  
11017 Cobblersrock Drive, Suite 100  
Rancho Cordova, CA 95670

**PAID**  
DEC 21 2005

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

NEW CITY HALL

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	
INSURER B: Transcontinental Insurance Company	
INSURER C: Zenith Insurance Company	
INSURER D:	
INSURER E:	

**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.

INSR ADD'L LTC INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR	1144563	6/1/2005	6/1/2006	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ. <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (If required) \$ 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
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALLOWED 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
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED If yes, describe under SPECIAL PROVISIONS below OTHER	Z086383602	10/1/2005	10/1/2006	<input checked="" type="checkbox"/> VIC STATUTORY LIMITS 10TH LFR 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**

Contractors 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

*Tom T. Hoggard*