

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0511028
Insp Area: 4
Thos Bros: 277G7

Site Address: 355 BARRETTE AV SAC
Parcel No: 275-0027-026 NORTH SAC DESIGN REVIEW

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
ITES HEATING & AIR
1717 KATHLEEN AV
SACRAMENTO, CA.

OWNER
MCANTOSH PRISCILLA/TERRY
355 BARRETTE AV
SACRAMENTO, CA 95815

ARCHITECT

Nature of Work: PAPERLESS, HVAC PKG CHANGE OUT ROOF MOUNT - SMOKE DETECTORS ARE REQUIRED PER 2001 CBC

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: 170 License Number 591548 Date 7/29/05 Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor 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 7/29/05 Applicant/Agent 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 COMBINED SPECIALTY INSURANCE Policy Number 005-00024573 Exp Date 01/01/2006

(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 7/29/05 Applicant 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.

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-5956 OR 1-866-EZ-PERMIT
Inspection: 1-916-908-4577



Date: 7/26/05

Fax # 916-264-1901

North Park Center 1-916-908-2554
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Downtown Park Center 1-916-264-8907
1231 I Street, Suite 200, Sacramento, CA 95814

FAXED PERMIT APPLICATION
(certain restrictions apply)

PAID

CITY OF SACRAMENTO 1028
Area 4

JUL 29 2005

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.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (Other)

Job Address: 355 BARRETTE AVE Unit # 2360 Contract Price \$
Contract Person: PETE MEYLING Contact Phone: 916-952-8409
Property Owner: TERRY MCANTOSH Contractor: TTES HEATING/AIR License # 591548
Address: 355 BARRETTE AVE Address: 1717 KATHLEEN AVENUE
City/State/Zip: SACRAMENTO, CA 95815 City/State/Zip: SACRAMENTO, CA 95815
Phone: 916-283-5804 Phone: 916-925-7611 FAX: 916-925-1103

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

Reroof (excluding tile)
 Tear-Off
 Redirect
 House Garage
Stories: _____
Squares: _____
Material:
 Siding
 Wood
 T-111
 Horiz
 Vinyl
 Stucco
* Design Review approval may be required.

HVAC Installations (Residential Only)
 Change-out New
 Heat Pump
 Package
 Split system
 Roof mount
 Out-its
 Heat pump or elect units
gas.
 Wall furnace
 Other (describe below)
Value of duct work: _____
Equipment: \$ _____
Cul-in: \$ _____
* Design Review approval may be required.

Water Heater (Residential Only):
 Gas Electric
 Change-out
 Electric to Gas
 Relocate
 New
 Dry Rot or Termite Damage Repair (Describe Locations Below)
* Design Review approval may be required.

Minor Electric and/or Minor Plumbing (Residential Only)
 Electric Service Change # _____
 New electric circuits
 Re-wire
 Water Service Replacement
 Sewer Service Replacement
 Gas Line Replacement
 Re-plumb
 Water Waste

Public Utilities Safety Inspection (Residential and single apartments only Only)
 SMUD
 PG&E
* NOTE: Correction Notice items will require an additional building permit.

DESCRIPTION OF WORK:

None

275-0027-026

1BF10001



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

TO BE COMPLETED PRIOR TO RESUME

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: Phone:
Project Address: Phone:

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

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
b. There is no unit in the proposed location.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
b. There is no existing roof-mounted unit.

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?
In a P area or listed (route to P staff)
Not in a DR or P area