

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0611948
Insp Area: 2
Thos Bros: 337C2

Site Address: 7334 CRANSTON WY SAC
Parcel No: 047-0172-003

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

CONTRACTOR
ALPHA SERVICES HEATING AND AIR CONDITIONING
4416 IOWA AVE
SACRAMENTO CA 95824

OWNER
7334 CRANSTON WY
SACRAMENTO, CA 95822

ARCHITECT
MC CLARY PATRICIA ROSE

PAID
CITY OF SACRAMENTO

AUG 04 2006

NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: CUT-IN NEW SPLIT SYSTEM HVAC UNIT COMPLIANCE DOCS REQ'D @ INSPECTION

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 C20 License Number 755961 Date 08-04-06 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).

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 08-04-06 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:

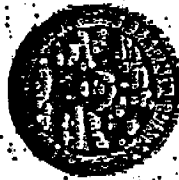
Carrier NO EMPLOYEES Policy Number _____ Exp Date _____

J.W. (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 08-04-06 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.



**CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION**

Help Line: 1-916-808-6666 CR. 1-908-521-PERMIT
Inspection: 1-916-808-7822
www.cityofsacramento.gov

Development
SERVICES
We Help Build a Greener City

Fax # 916-808-0376

Downtown Permit Center, New City Hall
915 I Street, 3rd Floor, Sacramento, CA 95814

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

Activity # 0611948 **FAXED PERMIT APPLICATION**
(certain restrictions apply)

Date: 08-24-06

CITY OF SACRAMENTO
NORTH PERMIT
CENTER

AUG 04 2006

RECEIVED

Faxed requests must be received in this office by 3:00 P.M. to be processed the following working days.
Notes: Contractors must have a current certificate of Worker's Compensation Insurance.

Notes: Work started before a Building Permit is issued will be subject to a civil fee.

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

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

Job Address: 7334 Cranston way Unit # 1 Contract Price \$ 6,400.00
Contact Person: Rose Mancuaga Contact Phone: 916 425 3265
Property Owner: Pat McClary Contractor: ALMA SERVICES License # 7558961
Address: 7334 Cranston way Address: 4416 EDWA. AVE
City/State/Zip: Sacramento CA 95824 City/State/Zip: Sacramento CA 95824
Phone: 916 421 3008 Phone: 916 425 3265 Fax:

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).

Description of Work: New HVAC Split System

| | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshock <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Floris <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approved may be required. | <input checked="" type="checkbox"/> HVAC Installations: (Residential Only) <input checked="" type="checkbox"/> New <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof access <input checked="" type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or chool. unit to ps. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of chool work: _____ Equipment: \$ _____ Cut-in: \$ _____ *Design Review approved may be required. | <input type="checkbox"/> Water Heater (Residential Only) <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <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 Termites Damage Repair (Describe Locations Below) *Design Review approved may be required. | <input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E |
| * NOTE: Correction Notice items will require an additional building permit. | | | | |