

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0507384

Insp Area: 4

Thos Bros: 278C2

Site Address: 2301 MOGAN AV SAC

Parcel No: 238-0201-037

EXPANDED NORTH DRD

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

KLEEN AIR
1657 SILICA AVE
SACRAMENTO CA 95815

OWNER

NAVARRO VICTOR M JR
2301 MOGAN AV
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: HVAC REPLACEMENT, PACKAGE, ROOF MOUNTED

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 LC20 License Number 481974 Date 5/27/05 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 5/27/05 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.

X 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 1664740-02 Exp Date 10/01/2005

(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 5/27/05 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



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

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name:

Victor Alvarez

Phone:

927-746

Project Address:

2301 Morgan Ave

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.

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 by more than 25%.

The new unit differs in location from the existing unit.

The new unit is fully screened behind a solid fenced area and will not be visible from any street views.

b. There is no unit in the proposed location.

The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.

Existing shrubs or building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

a. There is an existing roof-mounted unit.

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 by more than 25%.

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.

b. There is no existing roof-mounted 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.

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

Applicant's signature:

[Signature]

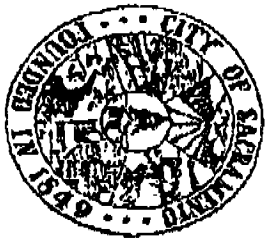
Date:

5/2/05

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 a DR or P area



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

DATE: 5-24-03
FAXED 5:24/03 3:58pm DES. REV.

0507384

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

JOB ADDRESS: 2321 MOSMAN AVE UNIT # _____ CONTRACT PRICE \$ 7649.00
 → CONTACT PERSON: EARL COX → CONTACT PHONE: 916-922-3995

Property Owner: VICKIE ALVARADO
 Address: 2321 MOSMAN AV
 City/State/Zip: SACRAMENTO CA 95815
 Phone: 929 1748
 Contractor: KLEEN AIR
 Address: 1057 SILVER AVENUE
 City/State/Zip: SACRAMENTO CA 95815
 Phone: 916-922-3995 FAX: 916-920-8409

NATURE OF REQUEST: Indicate from the selections below

<input type="checkbox"/> REPAIR (excluding int) <input type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT NEW <input type="checkbox"/> SOUNG <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> tile/cer	<input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Standard amount <input type="checkbox"/> Cut-in Value of duct work: \$ _____ Equipment: \$ _____ Out-in: \$ _____ Note: Design Review approval may be required	<input type="checkbox"/> WATER HEATER (residential ONLY) <input 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 Cost of equipment: \$ _____	<input type="checkbox"/> MINOR ELECTRIC under MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change if 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"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> POB *NOTE: Correction Notice letters will require an additional building permit
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DESCRIPTION OF WORK: CHANGE OUT EXISTING PACKAGE UNIT ON THE ROOF WITH NEW