

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0104372**  
**Insp Area: 2**

**Site Address: 5291 SCARBOROUGH WY SAC**  
Parcel No: 118-0162-012

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

CONTRACTOR  
A AND P HEATING  
6423 ELVAS AV  
SACRAMENTO CA 95819

OWNER  
PAYNE ADLEE JR  
5291 SCARBOROUGH WY  
SACRAMENTO CA 95823

ARCHITECT

**Nature of Work: HVAC C/O ROOF MOUNT PKG**

**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, C.V.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 224546 Date 4/10/01 Contractor Signature Larry Gust

**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 4/10/01 Applicant/Agent Signature Larry Gust

**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 CALIFORNIA INDEMNITY INS Policy Number EC73817J Exp Date 01/01/2002

(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 4/10/01 Applicant Signature Larry Gust

**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  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
FAX # 916-264-1901

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 equal fee.

SD's req'd

DATE: 4-9-01

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

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

JOB ADDRESS: 5291 Scarborough Way UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 4745.00

CONTACT PERSON: TAMM JOHNSON CONTACT PHONE: 454-4100

Property Owner: Adke Payne Jr.  
Address: 5291 Scarborough Way  
City/State/Zip: Sacramento, CA 95823  
Phone: 424-2148

Contractor: Ad Heating & Cooling License # 2245816  
Address: 12423 Elmer Ave  
City/State/Zip: Sacramento, CA 95819  
Phone: 454-4100 FAX: 454-1022

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

<input type="checkbox"/> REMOVE (including tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES _____ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split System <input type="checkbox"/> Radiant element <input type="checkbox"/> Coil-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<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	<input 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* (Occasional and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> DPGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Fibre <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	Value of duct work: _____ Equipment \$ _____ Cost: \$ _____ Note: Design Review approval may be required for roofing work.	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	DESCRIPTION OF WORK: _____	