



***** Office Use Only *****

AUG 02 2005

Permit No: 0511415
Date Issued: 8-2-05
Total Amount: 186.95
Insp Area #: 186.95

Sacramento Building Division

Area 2

Inspection Request # (916) 264-7622

***** Please Fill in the Following *****

Site Address: 7389 Tilden Wy.
Nature of Work: HVAC changeout

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: Leader'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 C35 License Number: 726129 Date: 7/29/05 Signature: Chaliquin Masters

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 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 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 Professions Code: The Contractor's 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 Contractor's 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 Contractor's 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 improvements to be constructed do 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 above-mentioned property for inspection purposes.

Date: 7/29/05 Applicant/Agent Signature: Chaliquin Masters

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: Financial Pacific
Policy Number: 170334A Expiration Date: 04-28-05

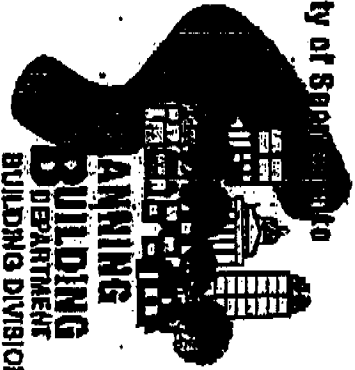
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with these provisions.

Date: 7/29/05 Applicant Signature: Chaliquin Masters

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 Springfield



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of worker's compensation insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information

MUST be provided

Job Address: 1289 Tilden Wy.
Parcel Number:
CONTACT PERSON: CHAYLO MASTERS
Property Owner: LASHAWN MASTON
Address: 1289 Tilden Wy.
City/State/Zip: SAC/CA/95822
Phone: 916 311-1274

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Unit #

Contract Price \$ 5000

CONTACT PHONE: 916 685-4446

Contractor: BAI Bros. Heating & Air License # 726129

Address: 9195 Survey Rd.

City/State/Zip: Elk Grove, CA 95624

Phone: 916 685-4446

FAX: 916 686-5293

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

HVAC/Old

Description of Work: <u>HVAC/Old</u>			
<input type="checkbox"/> REINFORCE (excluding the) <ul style="list-style-type: none"> <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET 			
<input type="checkbox"/> HOUSE #SQUARES <input type="checkbox"/> GARAGE #SQUARES # Stories: 1 2 3+ Material:			
<input type="checkbox"/> SEWING <ul style="list-style-type: none"> <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco 		<input checked="" type="checkbox"/> HVAC/INSTALL/REPAIRS (Residential ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> NEW CHANGE-OUT <input checked="" type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Outdoor <input type="checkbox"/> Heat pump elec. unit to gas. <input type="checkbox"/> Water furnace <input type="checkbox"/> Fireplace heat <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cur. fee: \$	
<input type="checkbox"/> WATER HEATER <ul style="list-style-type: none"> <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocates <input type="checkbox"/> New 		<input type="checkbox"/> DRY ROTOR TERMINATED DAMAGE REPAIR <ul style="list-style-type: none"> <input type="checkbox"/> Floor joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior 	
<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> SMAD <input type="checkbox"/> PG&E 		<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <ul style="list-style-type: none"> <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste 	

* Design Review approval may be required.

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*NOTE: Correction Notice forms will require an additional building permit.

2005 Faxback Permit updated 12/20/01

05/15/05