

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

**Permit No: 9712702**  
**Insp Area: 4**

**Site Address: 1986 SAN JUAN RD SAC**  
Parcel No: 2250230061 #121. 122

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

**CONTRACTOR**

**OWNER**

**ARCHITECT**

Phone:

CERTE APARTMENT INVESTMENTS LTD  
4400 ANTELOPE RD  
ANTELOPE, CA 95843  
Phone: 916-348-6462

Phone:

**Nature of Work: INSTALL LAUNDRY HOOK UP INCLUDING PLUMBING, VENT, ELECTRIC**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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);

X 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 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 or 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 or 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 9-12-97 Owner Signature [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.

Date 9-12-97 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 ACORDIA ROOLES Policy Number 696014710

\_\_\_\_ (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 9-12-97 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.**

97-12702

CITY OF SACRAMENTO  
APPLICATION FOR BUILDING PERMIT  
DEPARTMENT OF PLANNING AND DEVELOPMENT  
BUILDING INSPECTION DIVISION  
1231 I Street, Room 200  
Sacramento, CA 95814  
(916) 264-7619 FAX 264-7046

596 e/149 10 WICKERS Comp Policy # A  
COMPANY: AERDIO PERMITS EXP. DATE 12-1-97

ADDRESS 1986 San Juan Rd P.C. #  
 PARCEL # 225-0230-061 SUITE # 121/122  
AREA #

CONTACT  
NAME CHRIS ROCKEY  LICENSED CONTRACTOR  
ADDRESS 2028 SAN JUAN RD NAME  
SACRO ZIP 95833 ADDRESS  
PHONE 925-8658 FAX: ( ) PHONE  
ZIP

ARCH./ENG.  OWNER/TENANT  
NAME ADDRESS NAME CBITZ GROUP  
ADDRESS 4400 ANTELOPE RD  
PHONE ZIP 95843  
PHONE 948-6462

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL:

install laundry hookups including plumb, vent, elec

D.B.A. Woodbridge Apts  VALUATION \$1000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS  S.C.A.T.

.JOB DESCR. BLDG SHEL APT TI( ) REM( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA :	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
B	L	P	M	E	F	S	D	R

COMMENTS:  
  
97-12702

**OWNER-BUILDER VERIFICATION**  
**ATTENTION PROPERTY OWNER**

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) *yes*

2. I (have/have not) \_\_\_\_\_ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed *CRF*

Job Address 1986 San Juan Rd # 121/122 Date 9-11-97

Permit No.: \_\_\_\_\_



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Chris Rokey  
to sign the Owner-Builder Verification on my behalf.

and authorization to sign for permits.

Signature

R. Schmitt

Print Name

Robin Schmitt

Address

4400 Antelope Rd  
Antelope, Ca 95843

Telephone

348-6462

**ACORD. CERTIFICATE OF INSURANCE** CIS 06172 ISSUE DATE (MM/DD/YY) 01/06/97

**PRODUCER**  
 ACORDIA REEVES INS SRVCS  
 LICENSE NO. 0553499  
 1750 CREEKSIDE OAKS #220  
 SACRAMENTO CA 95833

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

**COMPANIES AFFORDING COVERAGE**

- COMPANY LETTER **A** CAL COMP INSURANCE CO
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**  
 CERTE\* APARTMENT INVESTMENTS, LTD.  
 4660 LA JOLLA VILLAGE DR  
 SUITE #1080  
 SAN DIEGO, CA 92122-4601

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXP. (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	G96C149410	12/01/96	12/01/97	STATUTORY LIMITS	
					EACH ACCIDENT	\$ 1,000,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EACH EMPLOYEE	\$ 1,000,000
	<b>OTHER</b>					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

SUBJECT TO TEN DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

**CERTIFICATE HOLDER**

CITY OF SACRAMENTO  
 ATTN: BARBARA  
 1231 I STREET  
 SACRAMENTO CA 95814

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Barbara Jones*

# CITY OF SACRAMENTO

SUBMIT TWO COPIES

*Sub Panel*  
100 AMP Panel

THIS COPY SHALL BE ON JOB SITE AT ALL TIMES		LOAD CALCULATION - N.E.C. 220-30	
CONTRACTOR/OWNER		TOTAL SQ. FT. <u>875</u>	
NUMBER	ITEM	WATTS	Air conditioning example (Not heat pump)
<u>875</u>	Sq. ft @ 3 watts per sq. ft.	<u>2625</u>	Compressor 20 amps
<u>2</u>	20 Amp. Appliance circuits @ 1,500 watts each	<u>3000</u>	Fan 5 amps
<u>1</u>	Range (Nameplate Rating = N.P.R.) <u>7.4kW @ 208V</u>	<u>7400</u>	Unit Total Load - 25 amps x 240V
	Oven (N.P.R.)		Electric Furnace @ N.P.R. - 6,000 watts X 65% = 3900 Watts
	Cooking Units (N.P.R.)		Use 6000W., since it is larger.
	Water Heater (N.P.R.)		Heat Pump Note: Be careful when doing load calculations where heat pumps are installed. The load for most heat pumps that are equipped with auxiliary heat strips will be larger under the demand for heat. For the purposes of load calculations only, on heat pumps, use 100% of the heat pump compressor and fans and 65% of auxiliary heat load to show total heat pump load.
<u>1</u>	Dishwasher (N.P.R.) <u>NEW 1800</u>	<u>1800</u>	Heat Pump Example
<u>1</u>	Disposal (N.P.R.)		Compressor 20 Amps
	Washer [1500 watts min. - N.E.C. 220-16(b)] <u>STAINABLE</u>	<u>3000</u>	Fans 5 amps
	Dryer [5000 watts min. or N.P.R. if larger] N.E.C. 220-18		Heat Pump Load = 25A X 240V = 6,000
	Meters (N.P.R.)		Aux. Heat Strip = 6,000W X 65% = 3,900W
	Other (N.P.R.)		Total Heat Pump Load = 9,900W
	Other (N.P.R.)		
Air Conditioning Equipment			
Air Conditioning [cooling @ (N.P.R. X 100%)] =		Sub-Total = <u>17825</u>	10,000 Watts
Electrical Heating @ (N.P.R.) X 65% =		(Less 1st 10KW) - 10,000 @ 100% =	
NOTE: USE THE LARGEST LOAD - HEAT OR COOL =		Remainder @ 40% <u>7825</u> @ 40%	3130 Watts
Heat pump (compressor & fans) X 100% = <u>3120</u>		Total Air Cond. and/or heat pump load =	6500 Watts
Aux. heat strips (or elect. furnace) X 65% = <u>5200</u> <u>3380</u>		Total Service Load = <u>19630</u> Watts	
Total Heat Pump Load = <u>6500</u>		watts + 240V = <u>81.8</u> Amps	
NOTE = AMPS X CIRCUIT VOLTAGE = WATTS		Service Size <u>100 AMP</u>	

312

208V

208V