

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0505342

Insp Area: 4
Thos Bros: 277E3

Site Address: 645 TURNSTONE DR SAC
Parcel No: 250-0380-005

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

CONTRACTOR
CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER
TORRES DANILO
645 TURNSTONE DR
SACRAMENTO, CA 95834

ARCHITECT

Nature of Work: HVAC CHANGE OUT SPLIT SYSTEM-UP FLOW.

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 608005 Date _____ 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 2/04/05 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.

_____, 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 ZENITH INS CO Policy Number Z066385801 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 2/04/05 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.

ACORD

CERTIFICATE OF INSURANCE

14423

ISSUE DATE (MM/DD/YY)

09/23/04

PRODUCER

CORDIA OF CALIFORNIA INSURANCE SERVICES, INC. 1017 COBLEROCK DR.#100 ANCHO CORDOVA CA 95670

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 LEXINGTON INS. COMPANY
COMPANY LETTER B TRANSPORTATION INS. CO.
COMPANY LETTER C ZENITH INSURANCE COMPANY
COMPANY LETTER D
COMPANY LETTER E

INSURED

LARKE & RUSH MECHANICAL 411 AUBURN BLVD. ACRAMENTO, CA 95841

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.

Table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes rows for General Liability, Automobile Liability, and Worker's Compensation.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

CLARKE & RUSH MECHANICAL, INC. 4411 AUBURN BLVD SACRAMENTO CA 95840

CANCELLATION

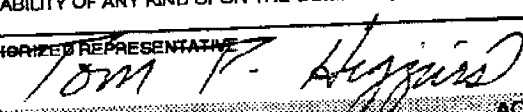
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY,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

AUTHORIZED REPRESENTATIVE

Tom Higgins (Signature)

ACORD CORPORATION 1998

ACORD 25-S (7/98)

AGORD.	CERTIFICATE OF INSURANCE	14423	ISSUE DATE (MM/DD/YY) 09/23/04		
PRODUCER ACORDIA OF CALIFORNIA INSURANCE SERVICES, INC. 11017 COBBLEROCK DR.#100 RANCHO CORDOVA CA 95670		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.			
INSURED CLARKE & RUSH MECHANICAL 4411 AUBURN BLVD. SACRAMENTO, CA 95841		COMPANIES AFFORDING COVERAGE			
		COMPANY A LEXINGTON INS. COMPANY			
		LETTER			
		COMPANY B TRANSPORTATION INS. CO.			
		LETTER			
		COMPANY C ZENITH INSURANCE COMPANY			
		LETTER			
		COMPANY D			
		LETTER			
		COMPANY E			
		LETTER			
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
A	GENERAL LIABILITY	1143323	06/01/04	06/01/05	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXP. (Any one person) \$
B	AUTOMOBILE LIABILITY	C2077566140	06/01/04	06/01/05	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$
	<input type="checkbox"/> GARAGE LIABILITY				
EXCESS LIABILITY					<input checked="" type="checkbox"/> STATUTORY LIMITS
<input type="checkbox"/> UMBRELLA FORM					EACH ACCIDENT \$ 1,000,000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					DISEASE-POLICY LIMIT \$ 1,000,000
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	Z066385801	10/01/04	10/01/05	DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
EVIDENCE OF INSURANCE					
CERTIFICATE HOLDER CLARKE & RUSH MECHANICAL, INC. 4411 AUBURN BLVD SACRAMENTO CA 95840			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 		
ACORD 25-S (7/90)			ACORD CORPORATION 199		



6505342

6505342

DATE: 4/12/05

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 a fine.

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

RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (other)

CONTRACT PRICE \$ 4,986.⁰⁰

JOB ADDRESS:

CONTACT PERSON: MARTHA ROBERTS CONTACT PHONE: 909-261-9193

Property Owner: DAVID P JONES Contractor: MARKET & BUSH MEDICAL License # 6088005

Address: 645 TOWNSTONE DRIVE Address: 4411 AUBURN BLVD.

City/State/Zip: SACRAMENTO CA. 95834 City/State/Zip: SACRAMENTO CA. 95844

Phone: (916) 359-0314 Phone: 909-261-9193 FAX: 909-261-9335

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

REMOOF (excluding tile) • TEAR-OUT • RESHIRT HOUSE • GARAGE	• HVAC INSTALLATIONS (residential ONLY) CHANGE-OUT • NEW • Heat Pump • Package • SOIL DYEING • Roof mount • Cut-in • Heat pump or elect. unit to gas. • Wall Furnace • Other (describe below)	• WATER HEATER (residential ONLY) • GAB • ELECTRIC • Change-out • Electric to Gas • Relocate • New	• MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) • Electric Service Change # amps • New electric circuits • Re-wire • Water Service Replacement • Sewer Service Replacement • Gas Line Replacement • Re-plumb • Water • Waste	• PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY). • SMUD • PGE *NOTE: Correction Notice items will require an additional building permit
SIDING • wood • T-111 • Horiz • Vinyl Value of duct work: Equipment: \$ Cat-in: \$	Note: Design Review approval may be required in certain areas. Note: Design Review approval may be required for rooftop units. Note: Design Review approval may be required in certain areas.			

DESCRIPTION OF WORK:

Replace Existing split upflow system in The Garage and Ground.

*copy from fee online 3/10/00