

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).

Lenders Name _____

Lenders 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 _____ Lic. 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):

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 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 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 & P C for this reason _____

Date 8-6-97 Owner CHRY
(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 of this city to enter upon the abovementioned property for inspection purposes.

Date 8-6-97 Signature of Applicant or Agent CHRY

Date

Signature of Applicant or Agent

BUILDING SITE ADDRESS

2014 San Juan Road

SUITE

#204

INSP. AREA

4-C

ASSESSOR
PARCEL NO.

225-0230-061-0000

COMMUNITY
PLAN NO.

PLAN CHECK NO.

CCNP

NAME OF APPLICANT

ADDRESS

ZIP CODE

PHONE NO.

LICENSED CONTRACTOR

PROPERTY OWNER

Certe Group

**4660 La Jolla Village
San Diego, CA**

92122

619-535-3813

ARCH. ENGR.

LICENSE NO.

NO. OF STORIES

NO. OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET WIDTH

R2B

THIS PERMIT
IS FOR:

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

OCCUP.
GROUP

NATURE OF WORK IN DETAIL

Install laundry hook-ups, including plumbing, electric & venting.

R-1

DBA: Woodbridge Apartments

CONSTR.
TYPE

FLOOD
STATUS

(**Exempt (Cost)**)

SPECIAL
CONDITIONS
ATTACHMENTS:

V-N

CITY OF SACRAMENTO

PERMIT SERVICES

BUILDING INSPECTION DIVISION

264-7619

VALUATION \$

500.00

FIRE
SP.

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 **Cal Comp Insurance**

Policy Number **G96C149410**

Expires December 1, 1997

(This section need not be completed if the permit is for one hundred dollars (\$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 8-6-97 Applicant CHRY
(Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

ISSUED BY JS

DATE ISSUED **August 6, 1997**

BUILDING
PERMIT FEE \$

35.00

FED
CODE

04

PLAN CHECK/
~~XXXXXX~~ \$

29.00

PERMIT
NO.

97

S.M.I. FEE \$

CONST.
EXCISE TAX \$

CITY BUS
LICENSE \$

TECH.
FEE \$

2.56

WATER
DEV. FEE \$

CITY SEWER
DEV. FEE \$

REG.
SEWER FEE \$

RESIDENTIAL
CONST. TAX \$

1

1

3

2

6

c

TOTAL
FEES \$

66.56

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

**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

WORKERS COMP POLICY # 596C199410
COMPANY Alameda Feeder EXP. DATE 12/31-97

ADDRESS 2014 San Juan Rd P.C. # CCNP
 PARCEL # 225-0230-061 SUITE # 204
 AREA # 4-C

CONTACT
 NAME CHRIS ROCKY LICENSED CONTRACTOR
 ADDRESS 2078 San Juan Rd NAME _____
SAC CA ZIP 95833 ADDRESS _____
 PHONE 925-8658 FAX: () PHONE _____ ZIP _____

ARCH./ENG. OWNER/TENANT
 NAME _____ NAME Calte Group
 ADDRESS _____ ADDRESS 4660 La Jolla Village Dr #1080
SAN DIEGO CA ZIP 92122
 PHONE _____ PHONE 619-535-3813

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

install Laundry Hookups including plumbing, elec, vent

D.B.A. Woodbridge 8 Apts VALUATION 500000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Costx S.C.A.T.

JOB DESCR. BLDG SHEL APT TI() REM(X) 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
			R2B	R1			04	HV
B	L	(P)	(M)	(E)	F	S	(D)	R
		30 13	30 13	30 13			13 PA	

COMMENTS: _____

call Howard Richmond

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 CRS

Job Address #204 2014 SAN JUAN RD Date 8-6-97

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 ROCKEY

to sign the Owner-Builder Verification on my behalf.

and authorization to sign for permits.

Signature

R Schmitt

Print Name

ROBIN SCHMITT

Address

2078 San Juan Rd
Sacto, CA 95833

Telephone

348-6462

CITY OF SACRAMENTO

100 AMP SUB PANEL

SUBMIT TWO COPIES

ORIGINAL

THIS COPY SHALL BE ON JOB SITE AT ALL TIMES		LOAD CALCULATION - N.E.C. 220-30	
CONTRACTOR/OWNER		JOB ADDRESS:	
NUMBER		TOTAL SQ. FT. <u>765</u>	
265	Sq. ft @ 3 watts per sq. ft.	2295	Air conditioning example (Not heat pump)
2	20 Amp. Appliance circuits @ 1,500 watts each	3000	Compressor 20 amps
1	Range (Nameplate Rating = N.P.R.) <u>7.4 kw @ 208V</u>	7400	Fan 5 amps
	Oven (N.P.R.)		Unit Total Load - 25 amps x 240V
	Cooking-Units (N.P.R.)		Electric Furnace @ N.P.R. - 6,000 watts X 65% = 3900 Watts
	Water Heater (N.P.R.)		Use 6000W., since it is larger.
1	Dishwasher (N.P.R.)	1800	<p>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.</p> <p>Heat Pump Example Compressor 20 Amps Fans 5 amps Heat Pump Load = 25A X 240V = 6,000 Aux. Heat Strip = 6,000W X 65% = 3,900W Total Heat Pump Load = 9,900W</p>
	Disposal (N.P.R.)		
	Washer [1500 watts min. - N.E.C. 220-16(b)]	3000	
	Dryer [5000 watts min. or N.P.R. if larger] N.E.C. 220-18]		
	Meters (N.P.R.)		
	Other (N.P.R.)		
	Other (N.P.R.)		
	Other (N.P.R.)		
	Other (N.P.R.)		
	Other (N.P.R.)		
Air Conditioning Equipment		Sub-Total = <u>12495</u>	
Air Conditioning [cooling @ (N.P.R. X 100%)] =		(Less 1st 10KW) - 10,000 @100% = 10,000 Watts	
Electrical Heating @ (N.P.R.) X 65% =		Remainder @ 40% * 7400 @40% = 2998 Watts	
NOTE: USE THE LARGEST LOAD - HEAT OR COOL =		Total Air Cond. and/or heat pump load = 6500 Watts	
Heat pump (compressor & fans) X 100% = 3120		Total Service Load = 19498 Watts	
Aux. heat strips (or elect. furnace) X 65% = 5200 (3380)		watts + 240V = <u>81.2</u> Amps	
Total Heat Pump Load = 6500		Service Size _____	
NOTE = AMPS X CIRCUIT VOLTAGE = WATTS			

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* APARIMENT 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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <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)	\$
	AUTOMOBILE LIABILITY <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	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	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
	OTHER					

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 Johnson

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