

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0113886

Insp Area: 4

Thos Bros: 298 A1

Site Address: 1485 RIVER PARK DR SAC

Parcel No: 277-0286-023

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

CONTRACTOR

CONSTRUCTION SOLUTIONS
10336 LOCH LOMOND RD SUITE 129
MIDDLETOWN, CA 98461

OWNER

ANNA MOREFIELD
3415 S. SEPVIDA BLVD SUITE 550
LOS ANGELES, CA 90034

ARCHITECT

Nature of Work: RESETTING 6 HVAC PACKAGE UNITS. (ON THE ROOF)

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 C-26 License Number 706103 Date 10/24/01 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 10/24/01 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: STATE FUND Policy Number: 692-0002037 Exp Date: 10/01/2002

(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 comply with those provisions.

• Date 10/24/01 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.

PERMIT SUMMARY DOCUMENT

Bldg Minor Permit
ISSUED

Address: **1485 RIVER PARK DR SAC** Date Issued: 10/25/2001 Area: 4

Permit #: **0113886**

Thomas Bros: 298 A1

Location:

APN: 277-0286-023

Owner: ANNA MOREFIELD
3415 S. SEPVIDA BLVD SUITE 550
LOS ANGELES, CA
90034

Phone: 310-390-9400

Contractor: CONSTRUCTION SOLUTIONS
10336 LOCH LOMOND RD SUITE 129
MIDDLETOWN, CA
98461

Phone: 707-928-5677

JOB DESCRIPTION: RESETTING 6 HVAC PACKAGE UNITS. (ON THE ROOF)

DBA:

Occupancy: B
Const Type:
Fire Sprinkler?:
Flood Zone: A99

Change of Use: N
Sub-Type: COM
Activity Code: M1
Cert Req'd: ??

Zoning:
DR: N/A
Fed Code: 15
Balance: \$0.00

VALUATION: \$2,000.00
Y or N

Sq. Ft:

0

Reg San:

School Fees Req'd:

BLDG N

MECH Y

PLBG Y

ELEC Y

SITE

FIRE

CONDITIONS:

APPLICATION FOR COMMERCIAL BUILDING PERMIT

EXEMPT FROM DESIGN REVIEW
MUST

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0113886</u>	Insp. Area <u>4C</u>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1485 Riverpark Dr Sacramento CA 95815 Suite _____
 PARCEL # 277-0286-023

<p style="text-align: center;">CONTACT</p> Name <u>Norm Cote</u> Street Address <u>10848 Hwy 125</u> City/State/Zip <u>Keltonville CA 95451</u> Phone <u>707-928-9489</u> FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>706103</u></p> Name <u>Construction Solutions</u> Address <u>10326 Leach Lombard Rd 129</u> City/State/Zip <u>Middletown CA 95461</u> Phone <u>707-928-5621</u> FAX <u>707-928-6718</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>N/A</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Anna Moore</u> Address <u>3415 S. Sepovida Blvd 550</u> City/State/Zip <u>Los Angeles CA 90034</u> Phone <u>310-390-9460</u> FAX <u>310-1500</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Clalament
 → WORKER'S COMPENSATION POLICY # 692-000103 EXPIRATION DATE: 10/11/02

NATURE OF WORK IN DETAIL: Rehook HVAC units after installation of New Roof

OCCUPANT/TENANT: Move Field Construction VALUATION: \$ 2,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>B</u>		SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed