

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106314
Insp Area: 2

Site Address: 8013 ARROYO VISTA DR SAC
Parcel No: 117-0510-006

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

CONTRACTOR
DIAL ONE SERVICE CHAMPIONS
345 SACRAMENTO ST
AUBURN CA 95603

OWNER
DAVIS REVOCABLE TRUS
8013 ARROYO VISTA DR
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: HVAC C/O SPLIT SYSTEM

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class S License Number 079815 Date 5/25/01 Contractor Signature Sean Mitchell

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: PAID SACRAMENTO

Date _____ Owner Signature JAY 25 2001

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. **DEVELOPMENT SERVICES**

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 5/25 Applicant/Agent Signature Sean Mitchell

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:

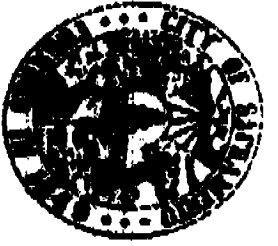
Carrier AMERICAN MOTORISTS Policy Number 5BG03818800 Exp Date 01/01/2002

(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 forthwith comply with those provisions.

Date 5/25 Applicant Signature Sean Mitchell

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 SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAKED PERMIT APPLICATION (certain restrictions apply)
Fee \$ 916-364-1901

DATE: 5-12-01

SD's req'd

Final report must be received in this office by 1:00 p.m. to be processed the following work day.
Note: Licensees must have a current certificate of the state's Compensation Insurance.
Note: Work must begin a building permit is issued and the subject is paid for.

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

RESIDENTIAL APARTMENTS (if units per building) COMMERCIAL (detail)

JOB ADDRESS: 1013 Arroyo Vista Dr.

UNIT #

CONTRACT PRICE \$ 29800

CONTACT PERSON: Sean McHale

CONTACT PHONE: 530-888-5282 (x.215)

Property Owner: George Davis
Address: 1013 Arroyo Vista Dr.
City/State/Zip: Sacramento, CA 95823
Phone: 916-687-7000

Contractor: Dilone Service Agency License # 244498
Address: 385 Sacramento St
City/State/Zip: Albany, CA 95609
Phone: 530-338-2287 FAX:

NATURE OF REQUEST: Indicate from the selections below a priority should under description of work.

<input type="checkbox"/> REBUD/ (including dry) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEED <input type="checkbox"/> ROUSE <input type="checkbox"/> GARAGE SQUARES _____ Special _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential unit Y) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Break Pump <input type="checkbox"/> Package <input type="checkbox"/> Split System <input type="checkbox"/> Roof mount <input type="checkbox"/> Cur-in <input type="checkbox"/> Heat pump or direct vent to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential unit Y) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Redo/ret <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or MEDIUM PLUMBING (residential unit Y) <input type="checkbox"/> Electric Service Change 2 amp _____ <input type="checkbox"/> New distro. circuit <input type="checkbox"/> Re-size <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> 1/2" Gal. Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTIONS (Residential and single apartment units ONLY) <input type="checkbox"/> SMOOD <input type="checkbox"/> P/IF
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> Full <input type="checkbox"/> Ply <input type="checkbox"/> Shakes	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Bridge Braces approval may be required for reroofing sites.	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Bridge Braces approval may be required for reroofing sites.	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Bridge Braces approval may be required for reroofing sites.	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Bridge Braces approval may be required for reroofing sites.

DESCRIPTION OF WORK: HVAC 4/0