

**PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.**

1541 EXPOSITION BLVD

4

| INSPECTION   | INSPECTOR      | DATE    |
|--|----------------|---------|
| FOUNDATION FORMS   |                |         |
| FER GROUND   |                |         |
| CONCRETE SLAB FORMS  |                |         |
| LUMB. UNDERFLOOR/SLAB  |                |         |
| ECH/UNDERFLOOR/SLAB  |                |         |
| LECT. UNDERGROUND  |                |         |
| LECT. CONDUIT-SLAB   |                |         |
| <b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>         |                |         |
| LOOR JOISTS OR GIRDERS   |                |         |
| <b>DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED</b>          |                |         |
| ISULATION/WALL/FLOOR   |                |         |
| OP PLUMBING  |                |         |
| OP MECHANICAL/WALL/CEIL.   |                |         |
| OUGH ELECTRICAL/WALL/CELL.   |                |         |
| NAME   |                |         |
| JOE PLYWOOD NAIL, COMM. & APTS.                                      |                |         |
| XTERIOR LATH/SIDING  |                |         |
| <b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>         |                |         |
| IT LATH OR WALL BD. NAILING  |                |         |
| <b>DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED</b>        |                |         |
| ERVICE UNDERGRD CONDUIT  |                |         |
| EWER SERVICE   |                |         |
| ATER SERVICE   |                |         |
| PRINKLER SYSTEM  |                |         |
| <b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>         |                |         |
| AS TEST  |                |         |
| EMP GAS  | ISSUED         | EXPIRES |
| OWER POLE  |                |         |
| EMP. POWER #   |                |         |
| <b>SWIMMING POOLS ONLY</b>   |                |         |
| AS TEST  |                |         |
| LUMBING PRE-GUNITE   |                |         |
| LUMBING PRE-DECK   |                |         |
| LECTRICAL PRE-GUNITE   |                |         |
| LECTRICAL PRE-DECK   |                |         |
| LECTRICAL UNDERGRD   |                |         |
| <b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>         |                |         |
| ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL. |                |         |
| SIGNED: _____  |                |         |
| DATE: _____  |                |         |
| <b>FINAL APPROVALS</b>   |                |         |
| UILDING  | FINAL INSP NO. |         |
| LECTRICAL  |                |         |
| LUMBING  |                |         |
| MECHANICAL   |                |         |

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL.

|   |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
|---|------------------------------------|--|--|--------------|--------------------|------------|-----------|----------------|------------|-----------|--------------|-------------|--|---------------------|--|----|--|--|----------------------|--|----|--|--|------------|--|----|--|--|-------------------|--|----|--|--|------------------|--|----|--|--|-----------|--|----|--|--|----------------|--|----|--|--|---------------------|--|----|--|--|----------------|--|----|--|--|------------------------|--|----|--|--|-------------------|--|-----------|--|--|
| ASSESSOR PARCEL NO.   | 277-0274-004                       | NAME OF APPLICANT  | 9608 OATES DRIVE<br>SACRAMENTO, CA<br>1480 DREW, #100<br>DAVIS, CA | ADDRESS      | COMMUNITY PLAN NO. | ZIP CODE   | PHONE NO. | PLAN CHECK NO. |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| LICENSED CONTRACTOR   | 9608 OATES DRIVE<br>SACRAMENTO, CA | PROPERTY OWNER   | 1480 DREW, #100<br>DAVIS, CA                                       | ARCH. ENGR.  | 95827              | 369-2673   | 95616     | 530-758-9210   |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| NO. OF STORIES  | NO. OF ROOMS                       | ROOF COVERING  | AREA 1ST FLOOR   | TOTAL AREA   | GARAGE AREA        | PATIO AREA | USE ZONE  | STREET WIDTH   |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
|   |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| THIS PERMIT IS FOR:   |                                    | <input type="radio"/> BUILDING<br><input checked="" type="radio"/> MECHANICAL<br><input type="radio"/> PLUMBING<br><input checked="" type="radio"/> ELECTRICAL<br><input type="radio"/> SITE<br><input type="radio"/> FIRE |  | OCCUP. GROUP |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| NATURE OF WORK IN DETAIL  |                                    | CHANGE OUT 402 CONDENSING UNITS AND 16 HEAT PUMPS ON 59 BUILDINGS IN 12 PHASES - EACH PHASE COVERS 4-5 BUILDINGS-ADD SERVICE RECEPTABLE OUTLETS. PHASE 6   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| FLOOD STATUS  | SPECIAL CONDITIONS ATTACHMENTS:    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| CITY OF SACRAMENTO BUILDING INSPECTION DIVISION   |                                    | INSPECTIONS  | 264-5191   |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <b>WORKER'S COMPENSATION DECLARATION</b>  |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| I hereby affirm under penalty of perjury one of the following declarations:   |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <input type="checkbox"/> 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.  |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <input type="checkbox"/> 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: _____  |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| Policy Number: _____  |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <input type="checkbox"/> (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:   | Applicant:                         |  | (Signature)  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <table border="1"> <tr> <td>ISSUED BY:</td> <td>VALUATION</td> <td>\$ 21,477.00</td> <td>DATE ISSUED</td> <td></td> </tr> <tr> <td>BUILDING PERMIT FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>PLAN CHECK/PROC. FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>S.M.I. FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>CONST. EXCISE TAX</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>CITY BUS LICENSE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>TECH. FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>WATER DEV. FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>CITY SEWER DEV. FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>REG. SEWER FEE</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>RESIDENTIAL CONST. TAX</td> <td></td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL FEES</b></td> <td></td> <td><b>\$</b></td> <td></td> <td></td> </tr> </table> |                                    |  |  |              |                    |            |           |                | ISSUED BY: | VALUATION | \$ 21,477.00 | DATE ISSUED |  | BUILDING PERMIT FEE |  | \$ |  |  | PLAN CHECK/PROC. FEE |  | \$ |  |  | S.M.I. FEE |  | \$ |  |  | CONST. EXCISE TAX |  | \$ |  |  | CITY BUS LICENSE |  | \$ |  |  | TECH. FEE |  | \$ |  |  | WATER DEV. FEE |  | \$ |  |  | CITY SEWER DEV. FEE |  | \$ |  |  | REG. SEWER FEE |  | \$ |  |  | RESIDENTIAL CONST. TAX |  | \$ |  |  | <b>TOTAL FEES</b> |  | <b>\$</b> |  |  |
| ISSUED BY:  | VALUATION                          | \$ 21,477.00   | DATE ISSUED  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| BUILDING PERMIT FEE   |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| PLAN CHECK/PROC. FEE  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| S.M.I. FEE  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| CONST. EXCISE TAX   |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| CITY BUS LICENSE  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| TECH. FEE   |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| WATER DEV. FEE  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| CITY SEWER DEV. FEE   |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| REG. SEWER FEE  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| RESIDENTIAL CONST. TAX  |                                    | \$   |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| <b>TOTAL FEES</b>   |                                    | <b>\$</b>  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |
| THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.   |                                    |  |  |              |                    |            |           |                |            |           |              |             |  |                     |  |    |  |  |                      |  |    |  |  |            |  |    |  |  |                   |  |    |  |  |                  |  |    |  |  |           |  |    |  |  |                |  |    |  |  |                     |  |    |  |  |                |  |    |  |  |                        |  |    |  |  |                   |  |           |  |  |

# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # 99-04336C Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1541 Exposition Blvd Suite \_\_\_\_\_  
 PARCEL # 277-0274-004

|   |   |
|---|---|
| <b>CONTACT</b>  | <b>LICENSED CONTRACTOR</b> Lic No. # <u>162634</u>    |
| Name <u>Marc Christy</u>                              | Name <u>Bettler Heating &amp; Air Conditioning</u>    |
| Address <u>9608 Oates Dr., Sacramento, CA 95827</u>   | Address <u>9608 Oates Dr., Sacramento 95827</u>       |
| Phone <u>(916) 369-2673</u> FAX <u>(916) 856-6005</u> | Phone <u>(916) 369-2673</u> FAX <u>(916) 856-6005</u> |
| E-mail _____  | E-mail _____  |
| <b>ARCHITECT/ENGINEER</b>                             | <b>OWNER</b>  |
| Name <u>N/A</u>                                       | Name <u>Group Interland Management</u>                |
| Address _____   | Address <u>1480 Drew, #100, Davis, CA 95616</u>       |
| Phone _____ FAX _____                                 | Phone <u>(530) 758-9210</u> FAX <u>(530) 758-0148</u> |
| E-mail _____  | E-mail _____  |

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Remove and replace condensing units (402) and packaged heat pumps (16) on 59 Buildings in 12 phases. also included is the addition of service outlets  
Phase 6

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 21,477

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

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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