

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105246
Insp Area: 3

Site Address: 4025 BROADWAY SAC
Parcel No: 014-0142-005 **ON THE ROOF TOP**

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

CONTRACTOR

OWNER

ARCHITECT

HOUSING AUTHORITY CITY OF SACRAMENTO
4025 BROADWAY
SACRAMENTO CA 958170

Nature of Work: Replace 4- HVAC units with new.

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 _____ License 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 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 the property, 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 _____

PAID
CITY OF SACRAMENTO
APR 27 2001
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation, that the applicant has 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 _____ Applicant/Agent 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 _____ Policy Number NAWCA01 Exp Date 1-1-02

(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 _____ Applicant 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.

Date of Request: _____

By: [Signature]

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: [Handwritten Address]

Assessor's Parcel Number: [Handwritten APN]

Previous Use: Apartments

Description of Request/Proposed Use: HVAC Change out of

existing HVAC units. No new cut-ins.
Replace like-for-like, same size,
same location

Is This a Change of Use? No

Prior Applications for Project Site (P#, Z#, DRPB#): [Handwritten] Zoning Designation: R-2.5A

Comments: No new cut-ins.
Replace like-for-like - same size,
same location. Okay - checked
with EIR in Design Review.

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) ~~YES~~ NO
- * Design Review/Preservation Required?: (Circle one) YES NO okay per above

Planning Review by/Date [Signature] 4/26/01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

1001 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7646

| | |
|------------------|------------------|
| ACTIVITY # _____ | Insp. Area _____ |
|------------------|------------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS _____ Suite _____
 PARCEL # _____

| | |
|--|--|
| <p align="center">CONTACT</p> Name <u>GARY CASTILLO</u> Street Address <u>320 COMMERCE ST</u> City/State/Zip <u>SACRAMENTO CA 95815</u> Phone _____ FAX _____ E-mail: _____ | <p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ |
| <p align="center">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | <p align="center">OWNER</p> Name <u>SHRA</u> Address <u>630 I ST</u> City/State/Zip <u>SACRAMENTO CA.</u> Phone <u>916 566-1222</u> FAX <u>566-1216</u> E-mail: <u>GCASTILLO@SHRA.ORG</u> |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Housing Authority Workers Comp
 → WORKER'S COMPENSATION POLICY # HAWCA 01 EXPIRATION DATE: 1-01-02

NATURE OF WORK IN DETAIL: REPLACE WITH DIRECT REPLACEMENT ROOF TOP HVAC HEAT PUMP UNIT

OCCUPANT/TENANT: _____ VALUATION: \$ 7,000.00

| | | | | | | | | | | | |
|------------------------|--------------|------------|----------|------------|------------|-----------------|-------|----------|-----------|--------|--|
| 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 | | |
| | | | | | | 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