



Building Permit

City of Sacramento



PLANNING & BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

ISSUED

\*\*\*\*\* Office Use Only \*\*\*\*\*

Permit No: 0207869 Date Issued: 6/14/02 Total Amount: 18400

JUN 14 2002 Sacramento Building Division

\*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 1717 Sherwood Avenue Nature of Work: H.V.A.C. Change-out

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 C20 License Number 726129 Date 6/14/02 Signature Angela Morales

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 contractor(s) for this 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 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 am exempt under Sec. B & PC for this

Date Owner Signature

SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS EXCEED \$1,000 OR WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP)

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 6/14/02 Applicant/Agent Signature Angela Morales

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.

am 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 1645998-01 Expiration Date 11/10/02

(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 6/14/02 Applicant Signature Angela Morales

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.

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PLANNING & BUILDING DEPARTMENT BUILDING DIVISION

SMOKE DETECTORS ARE REQUIRED TO BE INSTALLED IN ALL NEW OR ALTERED DWELLINGS. SMOKE DETECTORS ARE REQUIRED TO BE INSTALLED IN ALL NEW OR ALTERED DWELLINGS. SMOKE DETECTORS ARE REQUIRED TO BE INSTALLED IN ALL NEW OR ALTERED DWELLINGS. SMOKE DETECTORS ARE REQUIRED TO BE INSTALLED IN ALL NEW OR ALTERED DWELLINGS.

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

In order to process this request, ALL of the following information MUST be provided:

Job Address: 1717 Sherwood Avenue  
 Parcel Number: \_\_\_\_\_  
 CONTACT PERSON: ANGELA  
 Property Owner: Greg Pantagos  
 Address: 1717 Sherwood Avenue  
 City/State/Zip: Sacramento CA 95822  
 Phone: (916) 456-3066  
 CONTRACT PRICE \$ 5,070  
 CONTRACT PHONE: 685-4616  
 Contractor: Bell Brothers  
 Address: 9195 Sullivan Road  
 City/State/Zip: Elk Grove CA 95624  
 Phone: 1085-4616 FAX: 686-5293

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: H.V.A.C. Change-out - Condenser - Ground  
 Furnace - Inside

|   |   |  |   |  |
|---|---|--|---|--|
| <input type="checkbox"/> REROOF (excluding tile)<br><input type="checkbox"/> TEAR-OFF<br><input type="checkbox"/> RESHEET<br><input type="checkbox"/> HOUSE # SQUARES _____<br><input type="checkbox"/> GARAGE # SQUARES _____<br># Stories 1 2 3+<br>Material: _____ | <input checked="" type="checkbox"/> HVAC INSTALLATIONS<br><input type="checkbox"/> NEW CHANGE-OUT<br>(Residential ONLY)<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input checked="" type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or elect. unit to gas<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Fire Place insert<br><input type="checkbox"/> Other (describe below)<br>Value of duct work: _____<br>Equipment: \$ 5,070<br>Cut-in: \$ _____ | <input type="checkbox"/> WATER HEATER<br><input type="checkbox"/> GAS<br><input type="checkbox"/> ELECTRIC<br>(Residential ONLY)<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New | <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR<br><input type="checkbox"/> Flooring/Joists<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Exterior<br>(Residential and single apartment units ONLY)<br><input type="checkbox"/> SMUD<br><input type="checkbox"/> PG&E | <input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING<br><input type="checkbox"/> Electric Service Change # amps _____<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Water Service<br><input type="checkbox"/> Sewer Service<br><input type="checkbox"/> Gas Line<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water<br><input type="checkbox"/> Waste |
|---|---|--|---|--|

\* Design Review approval may be required.

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\* NOTE: Correction Notice items will require an additional building permit.

# CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0207771

TRANSACTION DATE: 06/14/2002  
TRANSACTION AMOUNT: 184.00  
NOTATION:

APD #: **0207869**  
SITE ADDRESS: 1717 SHERWOOD AV SAC  
PARCEL: 017-0121-059

TYPE: Bldg Minor Permit  
SUB-TYPE: RES  
HOUSING: N  
STATUS: **ISSUED**

Mixed Income Housing  
Fee Program  
??

**TRANSACTION LIST**

| Type    | Method | Description | Pymt Amount |
|---------|--------|-------------|-------------|
| Payment | Cash   |             | 184.00      |

**RECEIPT ACCOUNT ITEM LIST**

| Class # | Description            | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|------------------------|--------|-----------|-----------|--------------|
| 200     | Permit--Building       | 1100   | 175.00    | .00       | 175.00       |
| 206     | City Business Oper Tax | 1730   | 2.00      | .00       | 2.00         |
| 259     | Technology Surcharge   | 1750   | 7.00      | .00       | 7.00         |

PAID  
CITY OF SACRAMENTO  
JUN 14 2002  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

SENDING REPORT

Jun. 14 2002 12:58PM

YOUR LOGO :  
YOUR FAX NO. :

| NO. | OTHER FACSIMILE | START TIME      | USAGE TIME | MODE | PAGES | RESULT |
|-----|-----------------|-----------------|------------|------|-------|--------|
| 01  | 96865293        | Jun. 14 12:56PM | 01'38      | SND  | 03    | OK     |

TO TURN OFF REPORT, PRESS 'MENU' #04 SET.  
THEN SELECT OFF BY USING 'JOG-DIAL'.

FOR FAX ADVANTAGE ASSISTANCE, PLEASE CALL 1-800-HELP-FAX (435-7329).