

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0508183

Insp Area: 4

Thos Bros: 278B5

Site Address: 3002 ALBATROSS WY SAC

Parcel No: 266-0153-011

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR
CENTRAL SACRAMENTO
2214 ARDEN WY
SACRAMENTO CA 95825

OWNER
DUARTE MERCEDES/DEREK GOMES
3002 ALBATROSS WY
SACRAMENTO, CA 95815

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

License Class 20 License Number 483147 Date 6/8/2005 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: JUN 6, 2005

Date 6/8/2005 Owner Signature [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 6/8/2005 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:

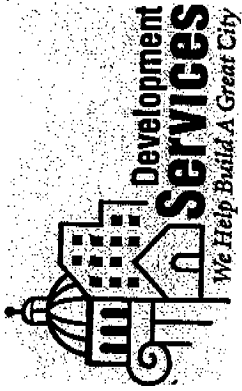
Carrier NO EMPLOYEES Policy Number Exp Date

(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 6/8/2005 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.



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 6/8/2005

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

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

Job Address: 3002 Albatross way Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) CONTRACT PRICE 3900

CONTACT INFO Name: _____ Phone #: _____ Email: _____

Property Owner: Derek Gomez Contractor: Central Sacramento License #: 46347

Address: 3002 Albatross way Address: 2214 Alden way #101

City/State/Zip: Sacramento CA 95815 City/State/Zip: Sacramento CA 95825

Phone: 916 565 0635 Phone: 916 364 5444 Fax: _____

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: HVAC change out Attic

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ <u>3900</u> Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
<input type="checkbox"/> Office Use Only: _____ Parcel #: _____		Date Received: <u>6/8/05</u> Date Issued: <u>6/8/05</u>		Processor's Initials: <u>DAE</u> Permit #: <u>0508183</u>



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Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name:

James Waters

Phone:

6/8/2005

Project Address:

3002 Albatross Way

Phone:

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
b. There is no unit in the proposed location.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
b. There is no existing roof-mounted unit.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature:

[Handwritten signature]

Date:

6/08/05

FOR CITY STAFF USE ONLY

Counter Staff:

[Handwritten signature]

- In a DR District. Meets DR criteria?
In a P area or listed (route to P staff)
Not in a DR or P area

Expanded North



Planning and Building Department
Building Division

CITY OF SACRAMENTO
CALIFORNIA

Downtown Permits Center
1231 I Street, #200
Sacramento, CA 95814-2998
North Permits Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ADDRESS 3002 Albatross PERMIT NO. 05P183

INSPECTION COMMENTS	PERMIT DOCUMENTS
6-10-05 M33 AP RLB (by MSK)	
7-8-05 Final CN MK	
7-20-05 RE-FWAZ CN SA	ACCESS TO ATTIC & SCREEN UNIT SO AS NOT TO BE VISIBLE FROM ANY STREET VIEW
8-16-05 Final CN MK	- AC cannot be visible from the street

FINAL APPROVALS	
BUILDING	9/27/05 BM
ELECTRICAL	
PLUMBING	
MECHANICAL	
FIRE	
SITE	