

CITY OF SACRAMENTO

Permit No: 0114865

1231 I Street, Sacramento, CA 95814

Insp Area: 2  
Thos Bros: 338 A4

Site Address: 5500 MACK RD SAC

Parcel No: 117-0012-012 BLDG #5

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

CONTRACTOR

BEUTLER HEATING AND AIR  
PO BOX 515015  
SAC CA 95851

OWNER

LINCOLN COUNTRYWOOD ASSOCIATES LMT  
5500 MACK RD  
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: CHANGE OUT CONDENSING UNITS. (ALL)

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 C-20 License Number 162634 Date 11-21-01 Contractor Signature Man A. Christy

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: NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES  
Date 11-21-01 Owner Signature Man A. Christy

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 11-21-01 Applicant/Agent Signature Man A. Christy

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 U. S. FIRE INSURANCE CO Policy Number 406027862 Exp Date 04/01/2002

(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 11-21-01 Applicant Signature Man A. Christy

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.

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 1.5em; font-family: cursive;">0114865</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">RC</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5500 Mack Road Bldg # 5 Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Marc A. Christy</u> Street Address <u>4700 Lang Ave</u> City/State/Zip <u>McClellan, CA 95652</u> Phone <u>916.646.2222</u> FAX <u>916.646.2263</u> E-mail: <u>Christym@beutler.com</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>162634</u></p> Name <u>Beutler Heating &amp; Air Conditioning</u> Address <u>4700 Lang Ave</u> City/State/Zip <u>McClellan, CA 95652</u> Phone <u>916.646.2222</u> FAX <u>916.646.2263</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Countryside Village Assoc, LP</u> Address <u>Three Harbor Drive, Suite 301</u> City/State/Zip <u>Sausalito, CA 94965</u> Phone <u>415.332.8393</u> FAX <u>415.332.8391</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: United States Fire Ins. Company  
 → WORKER'S COMPENSATION POLICY # 406027862 EXPIRATION DATE: 04-01-02

NATURE OF WORK IN DETAIL: Condensing unit replacement. (1ea)

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 800

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		
				<u>R3</u>		SPR	ALARM	<u>04</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>04</u>	PW	UTIL	

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

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

**Precision General Contractors, Inc.**

Lic. #760714

-TRANSMITAI-

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TO: Marc Christy (916) 646-2263 fax  
FROM: Douglas Day (916) 381-4640 tel.  
(916) 381-4819 fax  
CC: George Pesicka (916) 393-0735 fax  
DATE: November 1, 2001  
RE: Countrywood Village HVAC

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This memo is to outline the units which are to receive new condensing units at Countrywood Village. When installing the units, please verify which units are to be replaced, as the units are not marked on the ground to correspond to the unit numbers and may be the neighboring (upper or lower) unit's condensing unit (after verification and installation, supply Precision with the unit numbers actually replaced (our goal is to replace all units marked by management that have been problematic, as well as replacing all original units in buildings up to our budget limit (set at 67 units, as of now):

Building # 1, units # 202, 104, 204, 106, 206, 108, 208, 110, 210, 112, 212, 111, 211, 109, 107, 207, 105, 103, 203, 101, 201.

Building # 2, units # 214, 118, 120, 220, 218, 122, 222, 221, 119, 115, 215.

Building #3, units # 232, 130, 230, 128, 228, 224, 123, 125, 127, 129, 229, 131.

Building #4, units # 133, 233, 137, 237, 135, 235, 241, 141, 142, 242, 140, 240, 238, 138, 136, 236, 134.

Building #5, unit # 152.

Building #6, unit # 153.

Building #11, unit # 402

Building #17, units # 339, 441, 443

**Precision General Contractors, Inc.**

Lic. #760714

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TO: Contractor/ Supplier  
FROM: Douglas Day (916) 381-4640 tel.  
(916) 381-4819 fax  
DATE: February 23, 2001  
RE: Pre-lien Information at Countrywod Village Apts., Sacramento

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The following is the pre-lien information for the Countrywood Village Apartments rehabilitation project:

**PROJECT LOCATION:**

Countrywood Village Apartments  
5500 Mack Road  
Sacramento, CA 95823

**OWNER:**

Countrywood Village Assoc., LP  
Three Harbor Drive, Suite 301  
Sausalito, CA 94965  
Contact: Barbara Brack, Asset Manager  
(415) 332-8393 x14 / (415) 332-8391 facsimile

**CONTRACTOR:**

Precision G.C., Inc.  
8031 Fruitridge Road, Suite A  
Sacramento, CA 95820  
Contact: Douglas Day  
(916) 381-4640 / (916) 381-4819 facsimile

**LENDER:**

ARCS Commercial  
26901 Agoura Road, Suite 200  
Calabasas Hills, CA 91301  
Contact: Mike Hemmens  
(818) 676-3207 / (818) 880-3333 facsimile

**Countrywood Village Apartments**  
*Affordable Housing for Families*

5500 Mack Rd.  
Sacramento, CA 95823



(916) 427-1050  
Fax (916) 427-9223

Managed by Jon Berkley Management, Inc.

*Fred - Mr.*