

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0506636**

Insp Area: **3**

Thos Bros: **317G1**

Site Address: **4045 2ND AV SAC**

Parcel No: **014-0083-020**

OAK PARK DRD

Sub-Type: **RES**

Housing (Y/N): **N**

CONTRACTOR

CLARKE & RUSH MECH
4411 AUBURN BL
SACRAMENTO CA 95841

OWNER

HONEYEATER EDDIE D/NICOLE M
4045 2ND AV
SACRAMENTO, CA 95817

ARCHITECT

Nature of Work: HVAC REPLACEMENT, 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 _____ License Number **608005** Date **5/11/05** 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 3 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: _____

Date _____ Owner 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 **5/11/05** 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 **ZENITH INS CO** Policy Number **Z066385801** Exp Date **10/01/2005**

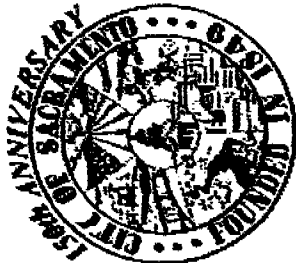
_____, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date **5/11/05** 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.

05F113



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

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

DATE: 5/5/05

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

- RESIDENTIAL • APARTMENTS (4+ units per building) • COMMERCIAL (limited)
- JOB ADDRESS: 4025 2nd Ave UNIT # _____ CONTRACT PRICE \$ 5800
- CONTACT PERSON: MARTHA BOBES CONTACT PHONE: 609-260-18

Property Owner: NICOLE HONEYCATER Contractor: LIBBY BUSH Mechanical License # 008008
 Address: 4025 2nd Ave Address: 4411 Auburn Blvd.
 City/State/Zip: 95817 City/State/Zip: Sacramento CA, 95844
 Phone: 457-1286 Phone: 609-260-18 FAX: 609-260-35

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<ul style="list-style-type: none"> REROOF (excluding tile) TEAR-OFF RESHEET HOUSE • GARAGE SQUARES Material: SIDING <ul style="list-style-type: none"> wood T-111 Horiz vinyl stucco <p>Note: Design Review approval may be required in certain areas.</p>	<ul style="list-style-type: none"> HVAC INSTALLATIONS (residential ONLY) CHANGE-OUT NEW <ul style="list-style-type: none"> Heat Pump Package Split system Roof mount Cut-in Heat pump or elect. unit to gas. Wall furnace Other (describe below) <p>Value of duct work: 3900 Equipment: \$ Cut-in: \$</p> <p>Note: Design Review approval may be required for rooftop units.</p>	<ul style="list-style-type: none"> WATER HEATER (residential ONLY) GAS • ELECTRIC <ul style="list-style-type: none"> Change-out Electric to Gas Relocate New DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) <p>Note: Design Review approval may be required in certain areas.</p>	<ul style="list-style-type: none"> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <ul style="list-style-type: none"> Electric Service Change # amps New electric circuits Re-wire Water Service Replacement Sewer Service Replacement Gas Line Replacement Re-plumb <ul style="list-style-type: none"> Water Waste 	<ul style="list-style-type: none"> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY). SMUD PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>
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DESCRIPTION OF WORK:

AUAC Roof System



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

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: Clarke & Rush Mach. Phone: (916) 609-2641
Project Address: 4205 2nd Ave. Phone: 457-1286

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. [X] There is an existing ground-mounted unit.
[] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit.
[] The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
b. [] There is no unit in the proposed location.
[] The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
[] Existing shrubs or building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. [] There is an existing roof-mounted unit.
[] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
b. [] There is no existing roof-mounted unit.
[] The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.

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

Applicant's signature: [Handwritten Signature]

Date: 5/11/05

FOR CITY STAFF USE ONLY

Counter Staff:

- [] In a DR District. Meets DR criteria? [] Yes [] No (route to DR staff)
[] In a P area or listed (route to P staff)
[] Not in a DR or P area