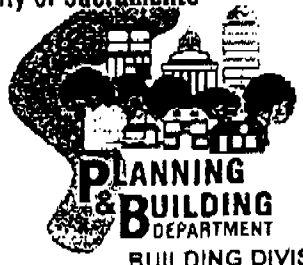


0305359

Building Permit

City of Sacramento



BUILDING DIVISION (916) 808-BLDG (2534)

\*\*\*\*\* Office Use Only \*\*\*\*\* ISSUED...

Permit No: 0305359 Date Issued: 4/21/03 Total Amount: 184.66

APR 21 2003 Sacramento Building Division

Please Fill in the Following Site Address: 6445 Calvine Road Sac. CA 95823 Nature of Work: HVAC Change-out - condenser-ground furnace - inside

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: 726109 Date: 4/18/03 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 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: 4/18/03 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. 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: 1645998-02 Expiration Date: 1/1/03

(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: 4/18/03 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 3704 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

(certain restrictions apply)



BUILDING DIVISION  
 Fax # (916) 264-1901

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

Permits requiring plan review are not eligible for FAXBACK

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: <u>6445 CALVINE ROAD SACRAMENTO CA 95823</u>	Unit #
Parcel Number: <u>17-0450-048</u>	
CONTACT PERSON: <u>ANGELA MESSING</u>	Contract Price \$ <u>16050-4616</u>
Property Owner: <u>JIM CALVINE</u>	Contractor: <u>BILL BOSS, HEAVENLY AID License # 716129</u>
Address: <u>6445 CALVINE ROAD</u>	Address: <u>9105 SUTVELL ROAD</u>
City/State/Zip: <u>SACRAMENTO CA 95823</u>	City/State/Zip: <u>FAIR GROVE CA 95624</u>
Phone: <u>681-3823</u>	Phone: <u>85-4616</u> FAX: <u>686-5293</u>

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

Description of Work: A/C Condenser - Dirty  
Condenser - Ground  
Turnce Inside

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES # Stories: <u>1</u> <u>2</u> <u>3+</u> Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Spill 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 turnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: <u>16050-</u> Equipment: <u>3</u> Cut-in: <u>3</u>	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <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"/> Root Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<input type="checkbox"/> Minor ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approval may be required

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

**FEE SUMMARY  
FOR PERMIT #0305359**

**Bldg Minor Permit  
as of 04-21-2003 Permit Status: READY**

**Site Address: 6445 CALVINE RD SAC**

Parcel No: 117-0450-048

Thomas Bros: 338 B7

CONTRACTOR

BELL BROTHERS HEAT & AIR  
9195 SURVEY RD  
ELK GROVE, CA 95624  
Phone: 685-4616

OWNER

MESSINEO JAMES/BARBARA J  
6445 CALVINE RD  
SACRAMENTO CA 95823  
Phone:

ARCHITECT

Phone:

**Nature of Work: HVAC change out split system.**

Permit Valuation: \$6,650.00

Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.00	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$2.66	Regional Sanitation Fee.:	\$0.00
Technology Fee .....	\$7.00	Pocket Area Road .....	\$0.00
Housing Surcharge .....	\$0.00	SAFCA Fee .....	\$0.00
Res Const Tax .....	\$0.00	North Natomas .....	\$0.00
Penalty Fee .....	\$0.00	FBA-Jacinto Creek .....	\$0.00
Inspections .....	\$0.00	Refund .....	\$0.00
Replace Cards .....	\$0.00		
Renewal Fee .....	\$0.00	Additional Fees .....	\$0.00
Water Meter Fee .....	\$0.00		
		<b>TOTAL FEES .....</b>	<b>\$184.66</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$184.66</b>

**PAID**  
**CITY OF SACRAMENTO**  
**APR 21 2003**  
**NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES**

MODE = MEMORY TRANSMISSION

START=APR-20 12:04

END=APR-20 12:14

FILE NO. =789

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK		96865293	003/003	00:09:14

-CITY OF SACRAMENTO -

\*\*\*\*\* -PLAN CHECK - \*\*\*\*\* 916 264 5987- \*\*\*\*\*

0305359

Building Permit



\*\*\*\*\* Office Use Only \*\*\*\*\* ISSUED...

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 Total Amount: 184.66

APR 21 2003  
 Sacramento Building Division

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 Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

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 License Class: CB License Number: 724127 Date: 4/18/03 Signature: Anzela Morales

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 I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

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 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: 1045997-02 Expiration Date: 1/10/03

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Date 4/18/03 Applicant Signature Anzela Morales

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