

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902806

Insp Area: 1

Site Address: 770 L ST SAC

Parcel No: 006-0153-015

#175

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

CARSON MECHANICAL
2081 RENE AV
SAC CA

OWNER

CITY CENTRE PARTNERS, AN ILLINOIS GEN PAR
1717 I ST
SACRAMENTO CA 95814

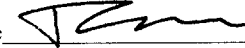
ARCHITECT

Nature of Work: REPLACE 2 TON HVAC

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 N/A Lender's Address N/A

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-4, C-20, C-43 License Number 498343 Date 3/24/99 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 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.)

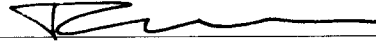
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 3/24/99 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 STATE FUND Policy Number 69298 0002436 Exp Date 10/01/1999

(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 3-26-99 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.

APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

PLAN CHECK # _____

Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas on this page only

ADDRESS 770 'L' St 0060153015 Parcel # _____ Suite 175
 PARCEL # _____

CONTACT
 Name Tim CARLSON
 Address 2081 Rene Ave
Sac, Ca Zip _____
 Phone 916-920-3733 FAX 920-5214

LICENSED CONTRACTOR Lic No. #428343
 Name CARLSON Mech Inc
 Address 2081 Rene Ave
Sac, Ca Zip 95838
 Phone 916-920-3733 FAX 920-5214

ARCHITECT/ENGINEER
 Name N/A
 Address _____ Zip _____
 Phone _____ FAX _____

OWNER
 Name LASalle Partner Mgt.
 Address 770 L St #1100
Sac, Ca Zip 95814
 Phone _____ FAX _____

Will the permittee have any employees on the jobsite? Yes No

If yes, WORKER'S COMPENSATION POLICY # 692-98 UNIT EXPIRATION DATE: 10-1-2000
 NAME OF INSURANCE COMPANY: STATE Fund 0002436

NATURE OF WORK IN DETAIL: UNIT Replacment Same For Same (2 ton)
OK per GM, J Ted #498343

DBA: _____ VALUATION: \$ 5698.39

FLOOD STATUS		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHEL	AFT	TI()	REM()	SW	FIRE	ADD	OTH	
INSP. 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	Via. File		
B	L	P	M	E	F	S	D	R			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No