

SMOKE DETECTORS ARE REQUIRED
 ALL ALTERATIONS, REPAIRS OR ADDITIONS
 TO A PERMIT ARE IN EXCESS OF
 \$5000.00 OR MORE SLEEPING
 ROOMS ARE DESTROYED OR CREATED (GROUP R)

Building Permit



BUILDING DIVISION
 (916) 808-BLDG (2534)

***** Office Use Only *****

Permit No: 03-18148
 Date Issued: 11/20/03
 Total Amount: \$189.04

ISSUED
 NOV 20 2003

***** Please Fill in the Following *****
 Site Address: 5275 J Street SAC. CA 95819
 Nature of Work: HVAC Change-out
Roof mount Package Gas/Electric

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 726129 Date 11/19/03 Signature Anselma 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 11/19/03 Applicant/Agent Signature Anselma 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 Combined Specialty Ins. Co.
 Policy Number 005-00014360 Expiration Date 1/1/04

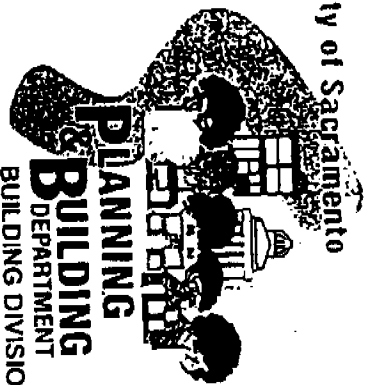
This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject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

Date 11/19/03 Applicant Signature Anselma 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 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

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

FAXBACK PERMIT APPLICATION
(certain restrictions apply)



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: 5275 I Street Sacramento CA 95819 Unit # _____
 Parcel Number: 0 P 20071-016 Contract Price \$ 5100-
 CONTACT PERSON: Angela Morales CONTACT PHONE: 685-4116
 Property Owner: Tim Wagner Contractor: Bull Bros. Mechanical License # 72-6129
 Address: 5275 I Street Address: 9195 Survey Road
 City/State/Zip: Sacramento CA 95819 City/State/Zip: 95624
 Phone: 456-5213 Phone: 685-4116 FAX: 686-5253

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

Description of Work: HVAC Change-Out Roof Mount Package GAS/Elect.

# Stories: 1 2 3+ Material: _____	<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Cur-in <input type="checkbox"/> Heat pump or elect unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below)	<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 <input type="checkbox"/> REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs <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"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of duct work: \$ <u>5100-</u> Equipment: \$ _____ Cur-in: \$ _____	(Residential ONLY) <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
	*NOTE: Correction Notice items will require an additional building permit		(Residential ONLY) * Design Review approval may be required.		(Residential ONLY) * Design Review approval may be required.		(Residential ONLY) (NR 5 and 6 Permit updated 1/20/2001)

CITY OF SACRAMENTO
 1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0318148

Bldg Minor Permit
 as of 11-19-2003 Permit Status: **READY**

Site Address: **5275 I ST SAC**
 Parcel No: 008-0071-016
 Thomas Bros: 298 A5

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

OWNER
 TIM WANNER
 5275 I ST
 SACRAMENTO CA 95819
 Phone: 456-5213

ARCHITECT

 Phone:

Nature of Work: HVAC C/O ROOF MT PACKAGE GAS/ELECTRIC UNIT

Permit Valuation: \$5,100.00
 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.....	\$2.04	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		
		TOTAL FEES	\$184.04
		Payments	\$0.00
		BALANCE DUE	\$184.04

PAID
 CITY OF SACRAMENTO

NOV 20 2003

THROUGH THE PERMITTING
 AND DEVELOPMENT DEPARTMENT

MODE = MEMORY TRANSMISSION

START=NOV-20 10:27

END=NOV-20 10:29

FILE NO.=872

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	*	96865293	003/003	00:01:45

-CITY OF SACRAMENTO -

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

SMOKE DETECTORS ARE REQUIRED WHERE ALTERATIONS, REPAIRS OR ADDITIONS REQUIRING A PERMIT ARE IN EXCESS OF \$1,000 OR WHERE TWO OR MORE SLEEPING ROOMS ARE CREATED (GROUP R)

Building Permit

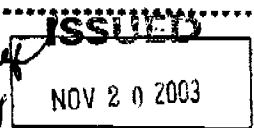


***** Office Use Only *****

Permit No: 03-18148

Date Issued: 11/20/03

Total Amount: \$189.04



***** Please Fill in the Following *****

Site Address: 5215 J Street SAC. CA 95819

Nature of Work: HVAC Change-out
Roof mount Package Cntl/Electrical

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License Class: C20 License Number: 726124 Date: 11/19/03 Signature: Angela Morales

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Carrier: Combined Specialty Ins. Co.
Policy Number: 005-00043160 Expiration Date: 11/1/04

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