

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0203739

Insp Area: 2
Thos Bros: 317 D4

Site Address: 5613 NOLDER WY SAC

Parcel No: 025-0053-015

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

CONTRACTOR

ROYCE AIR HEATING AND AIR
2120 MARCH RD SUITE A
ROSEVILLE CA 95747

OWNER

JUSTINE CASILLAS
5613 NOLDER WAY
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: HVAC C/O, PKGE UNIT, 125 AMP SVC CHANGE

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 608764 Date X 4/1/02 Contractor Signature [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. 7031.5, 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 work to be done by a contractor(s) licensed pursuant to the Contractors License Law).

PAID
CITY OF SACRAMENTO

I am exempt under Sec. _____ B & PC for this reason: _____ APR 01 2002

Date _____ Owner Signature _____ NORTH PERMIT

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 X 4/1/02 Applicant/Agent Signature [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 ASSURANCE COMPANY OF AMERICA Policy Number SCP39713582 Exp Date 02/01/2003

(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 X 4/1/02 Applicant Signature [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.



67158

DATE: 3-21-02

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

Fax # 916-264-1901 Nocturnal Office 8:00 - 7:00

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.
Note: Work started before a Building Permit is issued will be subject to grand fee

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (if filled)

JOB ADDRESS: 5613 NOLDER WAY

UNIT #

CONTRACT PRICE \$ 8774.00

CONTACT PERSON: FRANK THORNTON

CONTACT PHONE: 782-7566

Property Owner: TRISHIE CASILLAS

Address: 5613 NOLDER WAY

City/State/Zip: SACRO - 95822

Phone: _____

Contractor: ROYCE ALICE HANFAL License # 605764

Address: 2120 HALL RD

City/State/Zip: SACRO 95824

Phone: 782-7566

FAX: 782-3814

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

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES _____ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-In <input type="checkbox"/> Heat pump or other unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (Residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Changeout <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (Residential ONLY) <input checked="" type="checkbox"/> Electric Service Change # amp: 225 <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) USMUD UPGR *NOTE: Correction Notice Items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> UT-111 <input type="checkbox"/> Stone <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	Value of duct work: _____ Equipment: \$ 8774.00 Call no: 3 _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.		

DESCRIPTION OF WORK:

0203939