

SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS REQUIRING A PERMIT ARE IN EXCESS OF \$1,000 OR WHEN ONE OR MORE SLEEPING CITY OF SACRAMENTO ADDED OR CREATED (GROUP R)



Inspection Request # (916) 264-7622

Site Address: 14 Edwards Ct. Nature of Work: HVAC c/o

CONSTRUCTION LENDING AGENCY: I hereby affirm the work for which this permit is issued (Sec. 3097, Civ. C.) Lender's Name

LICENSED CONTRACTORS DECLARATION: I hereby affirm (commencing with section 7000) of Division 3 of the Business and Professions Code License Class C20 License Number 726129

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following which requires a permit to construct, alter, improve, demolish, or repair any structure, improved 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 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 for sale (Sec. 7044, Business and Professions Code: The Contractor who does such work himself or herself or through his/her own employment the building or improvement is sold within one year of completion, for the purpose of sale.)

I, as owner of the property, am exclusively contracting with The Contractors License Law does not apply to an owner of property licensed pursuant to the Contractors License Law).

I am exempt under Sec. B & PC

Date Owner Signature

IN ISSUING THIS BUILDING PERMIT, the applicant represents that all measurements and locations shown on the application or accompanying agreement relating to permissible or prohibited locations for such improvement or the violation of any private agreement relating to location of improvement.

I certify that I have read this application and state that all information to building construction and hereby authorize representative(s) of the

Date 4/5/04 Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury that I have and will maintain a certificate of consent to self-insurance for performance of work for which the permit is issued.

X I have and will maintain workers' compensation insurance for this permit is issued. My workers' compensation insurance Carrier Combined Specialty Policy Number 005-00014360

(This section need not be completed if the permit is for a building or improvement for which I shall not employ any person in any manner so as to become subject to the workers' compensation provisions of the Labor Code.)

Date 4/5/04 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 LIMIT

Building Permit

Office Use Only ISSUED APR 07 2004 Sacramento Building Division

Please Fill in the Following

Permit No: 04-05263 Date Issued: 4/7/04 Total Amount: \$186.50 Area #: 2R

I hereby affirm under penalty of perjury that there is no construction lending agency for the performance of the work for which this permit is issued.

Lender's Address

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 of the Business and Professions Code and my license is in full force and effect.

Date 4/6/04 Signature

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THIS PERMIT SHALL EXPIRE BY LIMIT

IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

City of Sacramento



PLANNING BUILDING DEPARTMENT

BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes  No

### FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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>14 Edwards Ct.</u>	Contract Price \$ <u>9000</u>	Unit #
Parcel Number: <u>031-0873-060</u>	CONTACT PHONE: <u>695-4616</u>	
CONTACT PERSON: <u>Ever Gaffney</u>	Contractor: <u>Bell Bros. Heating/Air</u>	License # <u>7766129</u>
Property Owner: <u>Danase Radell</u>	Address: <u>14 Edwards Ct.</u>	
Address: <u>14 Edwards Ct.</u>	Phone: <u>429-2596</u>	FAX: <u>246-5293</u>

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

Description of Work: <u>HVAC &amp; DRY ROT</u>		MINOR ELECTRIC and/or MINOR PLUMBING	
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES: 1 2 3+ <input type="checkbox"/> GARAGE <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	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split 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 furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <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"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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
<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY)		*NOTE: Correction Notice items will require an additional building permit.	
* Design Review approval may be required.		* Design Review approval may be required.	

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**FEE SUMMARY**  
**FOR PERMIT #0405263**

**Bldg Minor Permit**  
**as of 04-07-2004 Permit Status: READY**

**Site Address: 14 EDUARDO CT SAC**  
Parcel No: 031-0873-060  
Thomas Bros: 336J3

CONTRACTOR  
BELL BROTHERS HEAT & AIR  
9195 SURVEY RD  
ELK GROVE, CA 95624  
Phone: 916-685-4616

OWNER  
KADELL DANIEL J  
14 EDUARDO CT  
SACRAMENTO CA 95831  
Phone:

ARCHITECT  
  
Phone:

**Nature of Work: C/O HVAC**

Permit Valuation: \$9,000.00  
Square Footage: 0

Building Permit .....	\$175.00	Water Development Fee:	\$0.00
Strong Motion Fee .....	\$0.90	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$3.60	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>\$186.50</b>
		Payments .....	\$0.00
		<b>BALANCE DUE .....</b>	<b>\$186.50</b>

**PAID**  
CITY OF SACRAMENTO

APR 07 2004

NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES