

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0512198

Insp Area: 4  
Thos Bros: 277G2

Site Address: 4372 O CONNER WY SAC  
Parcel No: 237-0357-002

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

CONTRACTOR  
PARK MECHANICAL  
7975 RAMONA AV  
SACRAMENTO CA 95826

OWNER  
WESTON & BECKI BLAIR  
4372 O CONNER WAY  
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: PAPERLESS-HVAC CHANGEOUTS PLITS SYSTEM. PROVIDES SMOKE DETECTORS IN EACH BEDROOM AND HALLWAYS LEADING TO THE BEDROOMS.

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 335561 Date 8-17-05 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. 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 8-17-05 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.

EV 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 1759244-2004 Exp Date 10/01/2005

(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 8-17-05 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.



AUG 11 2005

DEVELOPMENT SERVICES DIVISION  
TAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

0512198

By: \_\_\_\_\_  
Taxed 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 a final fee.

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

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

JOB ADDRESS: 4372 O'Conner Way UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 12,128.<sup>00</sup>

CONTACT PERSON: Linda CONTACT PHONE: 452-4154

Property Owner: Western + Becki Blair  
Address: 4372 O'Conner Way  
City/State/Zip: Sacramento CA 95828  
Phone: \_\_\_\_\_  
Contractor: Park Mechanical, Inc. License # 335561  
Address: 7975 Ramona Avenue  
City/State/Zip: Sacramento, CA 95826  
Phone: 916-452-4154 FAX: 916-452-5557

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"/> RESHEAT <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 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"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential ONLY) <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 checked="" type="checkbox"/> MINOR ELECTRICAL and/or MINOR PLUMBING for HVAC (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <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)
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> fiber <input type="checkbox"/> vinyl <input type="checkbox"/> other	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)	Value of dust work: \$ _____ Equipment: \$ _____ Cabin: \$ _____ Note: Design Review approval may be required for roofing units. Note: Design Review approval may be required for fan/loop units.		

DESCRIPTION OF WORK: Replace HVAC split g/a system like for like.

PAID  
AUG 7 2005  
PMB  
SMAUD



**FAXED**

AUG 11 2005

By: \_\_\_\_\_

DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

*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 audit fee*

0512206

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

RESIDENTIAL  APARTMENTS (++ units per building)  COMMERCIAL (indicate)

JOB ADDRESS: 7363 - Windbridge Dr. UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 8782.00

CONTACT PERSON: Linda CONTACT PHONE: 452-4154

Property Owner: Clifford + Bettie Tsuda Contractor: Park Mechanical, Inc. License # 335561  
Address: 7363 Windbridge Drive Address: 7975 Ramona Avenue  
City/State/Zip: Sacto CA 95831 City/State/Zip: Sacramento, CA 95826  
Phone: \_\_\_\_\_ Phone: 916-452-4154 FAX: 916-452-5557

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

<input type="checkbox"/> RENOOFF (excluding tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> 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 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 elec. 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"/> Change-out <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) <i>HVAC</i> <input type="checkbox"/> Electric Service Change # amps _____ <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) <input type="checkbox"/> SMUD <input checked="" type="checkbox"/> PGE NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES AUG 11 2005 *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Fibre <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of desc. work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> DRY ROT OR TREATMENT DAMAGE REPAIR (Describe locations below)	Note: Design Review approval may be required in certain areas.	

*Replace g/e split system like for like*