

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0512785

Insp Area: 4
Thos Bros: 277D4

Site Address: 6 PELICAN CT SAC
Parcel No: 225-0550-010

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

CONTRACTOR
COMFORT MASTER
312 20TH STREET
SACRAMENTO, CA 95814

OWNER
CASTILLO ANNABELLE B/DAVID M
6 PELICAN CT
SACRAMENTO, CA 95833

ARCHITECT

Nature of Work: C/O ROOFMOUNT PACKAGE HVAC SYSTEM

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.

X License Class C-20 License Number 306797 Date 23 Aug 05 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 the property for inspection purposes.

X Date 23 Aug 05 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.

X 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 AU INSURANCE SRVICES Policy Number 005-00010527 Exp Date 01/01/2006

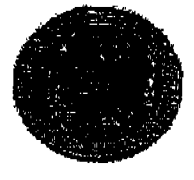
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become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

X Date 23 Aug 05 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.

Hi John
Board



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-6656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4877



Downtown Permit Center 1-916-264-6807
1231 I Street, Suite 200, Sacramento, CA 95814
North Permit Center 1-916-808-2354
2101 Alameda Blvd, Suite 200, Sacramento, CA 95834
FAXED PERMIT APPLICATION
(certain regulations apply)
Fax # 916-264-1901

187.78

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.

051 2785

08/22/2005 12:15 19164410982

Job Address: 6 PELICAN CT
Contact Person: ED ATKINS
Property Owner: DAVID & ANNE BELLE CASHE
Address: 6 PELICAN CT
City/State/Zip: SACRO. CA 95833
Contract Price \$ 5600
Contractor: COMFORT MASTER OF SACRO
Address: 812 20TH ST SACRO
City/State/Zip: SACRO. CA 95834
Phone: 441-0980 FAX: 441-0982

NATURE OF REQUEST: Indicate from the selections below or provide details under description of work.
 HVAC Installations
 Tear-Off
 Resheet
 House
 Garage
Stories: 1
Squares: 1593
Material: Asph/Flt
Siding:
Wood:
T-111:
Horiz:
Vinyl:
Stucco:
Roof gump or erect. unit to gas:
Wall furnace:
Other (describe below):
Value of duct work: \$5600
Equipment: \$5600
Contract: \$ 5600

<input type="checkbox"/> Recroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ Siding: _____ Wood: _____ T-111: _____ Horiz: _____ Vinyl: _____ Stucco: _____	<input checked="" type="checkbox"/> HVAC Installations <input type="checkbox"/> Change-out <input type="checkbox"/> Heat Pump <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat gump or erect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Contract: \$ _____	<input type="checkbox"/> Water Heater <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite <input type="checkbox"/> Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Plumber (Residential Only) <input checked="" type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write <input type="checkbox"/> Water Service <input type="checkbox"/> Replacement <input type="checkbox"/> Sewer Service <input type="checkbox"/> 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"/> SMCUD <input type="checkbox"/> PG&E NOTE: Correction Notice items will require an additional building permit.
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REPAIR EXISTING ROOF TOP HEAT PUMP

PBF10001

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COMFORT MASTER



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: Corneli Master of Sak Phone: 441-0980
Project Address: 6 PELICAN CT Phone: 568-1547

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. [] There is an existing ground-mounted unit.
[] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit.
[] The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
b. [] There is no unit in the proposed location.
[] The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
[] Existing shrubs or building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. [x] There is an existing roof-mounted unit.
[x] The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
[] The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
b. [] There is no existing roof-mounted unit.
[] The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.

By signing below the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Handwritten Signature]

Date: 23 Aug 05

FOR CITY STAFF USE ONLY

Counter Staff: MES

- [x] In a DR District. Meets DR criteria? [x] Yes [] No (route to DR staff) Expanded North
[] In a P area or listed (route to P staff)
[] Not in a DR or P area