

CITY OF SACRAMENTO

Permit No: 0507970

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Thos Bros: 297C5

Site Address: 1909 6TH ST SAC

Sub-Type: RES

Parcel No: 009-0062-002

1909 & 1911 6TH STREET (DUPLEX)

Housing (Y/N):

N

CONTRACTOR

BLAKE'S HEATING & AIR CONDITIONING
1042 OLIVE DRIVE
DAVIS, CA 95616

OWNER

1909 6TH ST
SACRAMENTO, CA 95814

ARCHITECT

WILLIAMS AARON S/AMBER S

Nature of Work: PAPERLESS PERMIT- HVAC INSTALLATION, SPLIT SYSTEM. (DUPLEX = ONE HVAC EACH UNIT.)

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 _____ License Number 299969 _____ Date _____ 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 my 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).

CITY OF SACRAMENTO

JUN 08 2005

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

Date 6/06/05 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 6/06/05 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.

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 COMPENSATION INSURANCE F Policy Number 713-0008782 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 forthwith comply with those provisions.

Date 6/06/05 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.



0567970

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
 Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 1/6/05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
 Design Review and Historic Preservation approval may be required if job address is located in those areas (Additional forms may be required)

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

Job Address: 209 6th Street Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: AARON S. WILLIAMS Phone #: 916-575-9390 Unit # Contract Price 11,806.00
 Property Owner: AARON S. WILLIAMS Contractor: MARK BAKE Email: AARONAMBER@COMCAST.NET License #: 299169
 Address: 1911 6th Street Address: 1212 OLIVE DRIVE
 City/State/Zip: SACRAMENTO / CA. / 95814 City/State/Zip: DAVIS, CA, 95616
 Phone: 916-595-9390 Phone: 530 758-4030 Fax: 530 758-3076
 Nature of Work: Provide description of work & indicate type of work in selections below:
 Pre-Registered? YES NO Registration #

Description of Work: New Central Heating and A/C

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <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 (Residential Only) <input type="checkbox"/> Change-out <input checked="" 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) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <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 Termitte Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (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"/> SMUD <input type="checkbox"/> PG&B * NOTE * Correction Notice items will require an additional building permit.	
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:

Please stick this copy
in the folder
marked for you.

BLAKE'S

Heating & Air Conditioning

1042 Olive Drive
DAVIS, CALIFORNIA 95616

(530) 758-4030 FAX (530) 758-3676
Contractor Lic. #299969

PROPOSAL SUBMITTED TO Aaron Williams		PHONE 916-996-9390	DATE 6-01-05
STREET 1911 5th Street		JOB NAME	
CITY, STATE AND ZIP CODE Sacramento, Ca. 95814		JOB LOCATION 1901 and 1911 5th Street	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:

Bid to replace 2 systems. Bid will include: Furnaces,
A/C units, evaporator coils, digital setback t-stats, pads
for all units, roof flashing, condensate drain and pump,
refrigerant lines, gas lines, 1/2" pipe, 1/2" and 3/4" valves,
fuse box, filter set up, 14 duct work, horizontal duct installation,
all supply registers, all sheet metal, location cleanup, 24-
hour emergency service, ~~MAINTENANCE~~, tax and labor.

EQUIPMENT: Lennox

Furnace model # 351MP 9500L 91% AWT 80 APPL

A/C model # R524-024/030 12000 BTU

WARRANTY: 20 years on heat exchanger, 10 years on compressor,

5 years on parts, 5 years on labor.....\$ 11,306.00

We propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

\$11,306.00 dollars (\$ _____).

Payment to be made as follows:

Due upon completion of work.

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized
Signature

Note: This proposal may be
withdrawn by us if not accepted within _____ days.

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Date of Acceptance:

Signature