

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

Permit No: 0101349  
Insp Area: 1

Site Address: 1025 ALHAMBRA BL SAC  
Parcel No: 007-0123-040

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

CONTRACTOR  
AIRCON ENERGY INC.  
4234 N. FREEWAY BL.  
SACRAMENTO, CA 95834

OWNER  
EIGHTH SAFEWALL ASSOCIATES  
1025 ALHAMBRA BL.  
SACRAMENTO CA

ARCHITECT

**Nature of Work:** REPLACE 2 X HVAC UNITS ON ROOF

**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 C-20 License Number 243527 Date 02/02/01 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 02/02/01 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 Continental Casualty Co Policy Number WC 44315031 Exp Date 06/02/01

\_\_\_\_\_, (This section need not be completed if the permit is issued to a contractor) 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 02/02/01 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.**

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1311 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

|                               |                         |
|-------------------------------|-------------------------|
| ACTIVITY #<br><u>01-01349</u> | Insp. Area<br><u>1C</u> |
|-------------------------------|-------------------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2510 1st St Suite \_\_\_\_\_  
 PARCEL # 007-0123-044

|  |  |  |  |
|--|--|--|--|
| <p align="center"><b>CONTACT</b></p> Name <u>Tony Simon</u><br>Street Address <u>1234 34th St. or (See Lic Contr.)</u><br>City/State/Zip <u>Sacramento CA 95816</u><br>Phone <u>916-922-2004</u> FAX <u>922-6481</u><br>E-mail: <u>TSIMON@airconenergy.com</u> |  | <p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>293527</u></p> Name <u>Aircon Energy, Inc.</u><br>Address <u>4234 N. Freeway BLVD.</u><br>City/State/Zip <u>Sacramento, CA 95834</u><br>Phone <u>916-922-2004</u> FAX <u>922-6481</u><br>E-mail: _____ |  |
| <p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>Alex P.E.</u><br>Address <u>4234 N. Freeway BLVD</u><br>City/State/Zip <u>SACRAMENTO, CA 95834</u><br>Phone <u>916-922-2004</u> FAX <u>922-6481</u><br>E-mail: <u>axby@airconenergy.com</u>            |  | <p align="center"><b>OWNER</b></p> Name <u>Patricia B.</u><br>Address _____<br>City/State/Zip _____<br>Phone <u>510-834-1082</u> FAX _____<br>E-mail: _____  |  |

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Continental Casualty Co  
 → WORKER'S COMPENSATION POLICY # WC 1943/5031 EXPIRATION DATE: 06/02

NATURE OF WORK IN DETAIL: Install 2 HVAC units, Cooling only

OCCUPANT/TENANT: Safeway VALUATION: \$ 30,234.00

|                        |              |              |              |                  |                |                             |           |           |             |     |
|------------------------|--------------|--------------|--------------|------------------|----------------|-----------------------------|-----------|-----------|-------------|-----|
| FLOOD STATUS:          |              | S.C.A.T.     |              |                  |                |                             |           |           |             |     |
| JOB DESCRIPTION        |              | BLDG         | SHELL        | APT              | TI( )          | REM( )                      | SW        | FIRE      | ADD         | OTH |
| INSPECTION DISCIPLINES |              | <u>BLDG</u>  | <u>MECH</u>  | <u>PLUMB</u>     | <u>ELEC</u>    |                             |           |           |             |     |
| # Stories              | 1st flrArea. | Total Area   | Use Zone     | Occp Group       | Const type     | Fire Req. Y/N               | Fed Code  | Vio. File |             |     |
|                        |              |              |              | <u>M</u>         | <u>0</u>       | SPR <u>Y</u> ALARM <u>Y</u> | <u>1B</u> | [H]       | [Quad]      |     |
| <u>B</u>               | <u>L</u>     | <u>P</u>     | <u>M</u>     | <u>E</u>         | <u>F</u>       | <u>S</u>                    | <u>D</u>  | <u>PW</u> | <u>UTIL</u> |     |
| <u>13 ft</u>           | <u>13 ft</u> | <u>13 KW</u> | <u>13 KW</u> | <u>13 T.L.M.</u> | <u>13 T.M.</u> |                             |           |           |             |     |

COMMENTS: Provide Fire Alarm plans that indicate the monitoring and control of smoke detectors for HVAC shut down.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: \_\_\_\_\_

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 725 Alhambra

Assessor's Parcel Number: 007-0123-046

Previous Use: Large Grocery Store (Safeway)

Description of Request/Proposed Use: Replace 2 HVAC UNITS

(cooling unit) - same size, same location,  
behind parapet wall.

Is This a Change of Use? No

Zoning Designation

C2-SPD  
Alhambra  
Corridor SPD  
+ Design Review

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: Would not  
be visible from  
street, therefore  
no Design Review or Planning  
required.

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date [Signature] 1-30-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL