

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0512280

Insp Area: 3

Thos Bros: 317D3

Site Address: 4622 JOAQUIN WY SAC

Parcel No: 018-0103-001

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

KLEEN AIR
1657 SILICA AVE
SACRAMENTO CA 95815

OWNER

GONOSEY TRINA L
4622 JOAQUIN WY
SACRAMENTO, CA 95822

ARCHITECT

Nature of Work: PAPERLESS, HVAC CHANGE OUT SPLIT SYSTEM FURNACE COIL AND CONDENSER - SMOKE ALARMS ARE REQUIRED PER 2001 CBC

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-21 License Number 481974 Date 8/16/05 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8-16-05 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.

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 1664740-02 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 8-16-05 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
FAX # 916-264-1901

Ready

DATE: 8-12-05

5-16-05
FAXED
8-12-05
130

- 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 grid fees.
- IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

JOB ADDRESS: 4622 Joaquin Way
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (qualified)
 → CONTACT PERSON: EARL COX UNIT # _____ → CONTRACT PRICE \$ 7840.00
 → CONTACT PHONE: 916-922-3995

Property Owner: TREVOR ROSE
 Address: 4622 JOAQUIN WAY
 City/State/Zip: SACRAMENTO, CA 95822
 Phone: 916-201-6909

Contractor: KLEEN AIR
 Address: 1657 SILICA AVENUE
 City/State/Zip: SACRAMENTO CA 95815
 Phone: 916-922-3995 FAX: 916-920-8409

NATURE OF REQUEST: Indicate from the selections below

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET SQUARES _____ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <small>(Residential ONLY)</small> <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in Value of duct work: \$ _____ Equipment: \$ _____ Cost-in: \$ _____	<input type="checkbox"/> WATER HEATER <small>(Residential ONLY)</small> <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 Cost of equipment: \$ _____	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <small>(Residential ONLY)</small> <input type="checkbox"/> Electric Service Change # single _____ <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"/> PUBLIC UTILITIES SAFETY INSPECTION* <small>(Residential and single apartment units ONLY)</small> <input type="checkbox"/> SMUD <input type="checkbox"/> PGE
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DESCRIPTION OF WORK: CHANGE OUT Split System Furn, Coil, Condenser

*NOTE: Correction Notice items will require an additional building permit



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

DATE: 8-12-05

05/23/05
92293

→ Excess request must be received in this office by 3:00 p.m. to be processed the following work day.
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Phone: 916-922-3995 FAX: 916-920-8409

NATURE OF REQUEST: Indicate from the selections below

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEDG ROOFING Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required.	<input checked="" type="checkbox"/> HEVAC INSTALLATIONS <small>(residential ONLY)</small> <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Round mount <input type="checkbox"/> Cas-4a Value of duct work: _____ Equipment \$: _____ Cost-in: \$ _____ Note: Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <small>(residential ONLY)</small> <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Bleed to Gas <input type="checkbox"/> Reboots <input type="checkbox"/> New Cost of equipment: \$ _____	<input type="checkbox"/> MINOR ELECTRIC and/or MIRROR PLUMBING <small>(residential ONLY)</small> <input type="checkbox"/> Electric Service Change # imp: _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Rewire <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"/> PUBLIC UTILITIES SAFETY INSPECTION <small>(Residential and single apartment units ONLY)</small> <input type="checkbox"/> SSMUD <input type="checkbox"/> PGB *NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK: CHANGE OUT Split System Furn, Coil & Condenser
018-0103-007