CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

0512129 Permit No:

<u>ARCHITECT</u>

Insp Area:

277G7

Thos Bros: Sub-Type: RES

Housing (Y/N): N

Site Address: 2285 EDGEWATER RD SAC 275-0074-003

Parcel No:

<u>CONTRACTOR</u> NEW CENTURY AIR

3129 FITE CIR #130

<u>OWNER</u> DOWNS RAMONA

2285 EDGEWATER RD SACRAMENTO, CA 95815

SACRAMENTO CA 95827 Nature of Work: PAPERLESS PERMIT-CUT IN SPLIT SYSTEM SMOKE DETECTORS are required as per the 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'sAddress_ 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 20 License Number 718740 Date 8-(5-05 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 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 and Profession 2000 an 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 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 hundred dollars (\$500.00); 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 sale (See, 1044, Dusiness and Floressional Code. The Conductors Dicense Law does not apply to an owner of property who dones on intended or offered for sale. If, however, 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 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: the purpose of sale.) 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). B & PC for this reason: I am exempt under Sec.____ 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. Applicant/Agent Signature 8-15-05 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 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 is permit is issued. My workers' compensation insurance carrier and policy number are: this permit is issued. My workers' compensation insurance carrier and policy number are: Carrier STATE FUND Policy Number 1616422 130 RHOODS, PLAND Date 01/01/2006

(This section need not be completed if the permit is for \$100 or less) I certify that iff the performance of the work for which this permit is issued, Ishall and the permit is an appear of the section of the work for which this permit is issued, Ishall and the permit is an appear of the section of the work for which this permit is issued, Ishall and the permit is an appear of the work for which this permit is issued, Ishall and the permit is an appear of the work for which this permit is issued, Ishall and the permit is the permit is the permit is the permit is in the permit in the permit in the permit is in the permit is in the permit is in the permit in

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.

05 8-15Applicant 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.

62/2/50



FAXED PERMIT APPLICATION (certain restrictions apply) CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION

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 befora a Building Permit is issued <u>will be subject to quad fee</u>

PROVIDED:	(1) (2)	CONTRACT PRICE \$ \(\(\text{1} \) \(\text{1} \)	-41	A.V. License # 1 8 14 9	127	FAX: 316.2 4011	Selfer of pares	<u> </u>	units ONLY)	CUMS C	O PGE		*NOTE: Correction Notice items	will require an additiona	arm and Strawning			
JFORMATION MUST BE	COMMERCIAL (similed)	CONTRAC	* CONTACT PHONE: 506 6 866	Contractor: New Centered Pir	30	2.787Z FA	nder description of works	MINOR ELECTRIC sudfor MINOR PLUMBING	(residential ONLY)	D Bleemic Service Change	O New electric circuits	O Re-wire	Water Service Replacement Sewer Service Replacement	G Gas Line Replacement	O Re-plumb O Water O Waste		270	
ALL THE FOLLOWING IN	APARTMENTS (44 units per building)	Unit #	SUDDER +C	Contractor	Address:	Phone: 3/22.7.872	Indicate from the selections below & provide defails under description of work	WATER HEATER (residential ONLY)	C GAS C ELECTRIC	C Change-out			DRY ROT OR TERMITE	DAMAGE REPAIR (Describe locations below)		Note: Design Review approval may be required for rooting white		
TO BROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:	RESIDENTIAL C APART	aculatee RC	April 4	J. Cont. May	Perser 79	Erech	· Indicate from the selection	MIVAC INSTALLATIONS	(residential ONLY)	CHANGE Pump O Heat Pump O Package	Despit system	O Heat pump or efect.	unif to gas. D Wall furnace D Other (describe	below)	Value of duct work Equipment: S	Cul-in: S Note: Desire: Review Antifeval may be	required for rooftap units.	10000 - COO
	Ž Ž Ž	2) SKS/F	JOB ADDIKESS: CONTACT PERSON:		Property Owner: Lephhold Address: 22 VD Edging	City/State/Zip: Ser. Ult	Phone: U . I . I . I . I . I . I . I . I . I .		٠.	C RESHEET CARAGE		Material:	STORING	11:10	C Honz C vinyl O stucco	Noic:	Design acertain areas.	DESCRIPTION OF WOR

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE Applicant's name: New Century Aw Systemone: 362-2822 Project Address: 2285 E daw Please check the appropriate boxes Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank. GROUND-MOUNTED UNIT <u>1.</u> 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. Existing shrubs or buildings will screen the unit from being 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 buildings will screen the unit from being visible from any street views. ROOF-MOUNTED UNIT <u>2.</u> ☐ There is an existing roof-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 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. Date: Applicant's signature: Counter Staff For City Staff use only

□No (route to DR staff)

SILLISED SIFILM BOOD DUMEN Check is I Mech. wpd

Not in DRVP area//

প্ৰ

In a DR District Meets DR criteria? EYes

in a P area or listed (route to P staff)