

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009858
Insp Area: 4

Site Address: 4680 PELL DR SAC
Parcel No: 237-0022-075

SUITE C

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

CONTRACTOR
CALIFORNIA SPACECON INC
4680 PELL DR STE B
SAC 95838

OWNER
DAVEY RONALD B
KAILUA KONA HI
96740

ARCHITECT

Nature of Work: REMODEL EX OFC SPACE IN WHSE AND ADD 2 OFC'S AND NEW BATHROOM

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 B License Number 776494 Date 24 Aug 00 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 upon the abovementioned property for inspection purposes.

Date 24 Aug 00 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 AMERICAN PROTECTION INS Policy Number SBR00290700 Exp Date 04/01/2001

(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 24 Aug 00 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.

CGI Mechanical Services

A Division of Cenergy Group, Inc.

Building the New MillenniumSM

11295 Sunrise Gold Circle, Suite A • Rancho Cordova, CA 95742
 (916) 853-0200 • (877) 853-0200 TOLL FREE • (916) 853-0201 FAX
 California State License Numbers: 772639 (B-1 and C-20)

No Sweat ServiceSM

Work Order/Invoice

S- 4060

Type of Service: Commercial Industrial Residential: Single Family Residential: Multi-Family

Tech: PATRICK
 DOS: 1-23-01
1-19-01

Demand Contract Warranty Check, Test, Start Up

Payment Method: Cash Check # _____ Master Card Visa

Credit Card # _____ Approval Code: _____ Date: 1-23-19-01

CGI Open Account # _____ Credit Approved By: _____ Date: _____

Job # _____ No Sweat ServiceSM PMA # _____ EquiGuard EWA # _____

CUSTOMER INFORMATION CHECK LIST

Bill To Name <u>ACS</u>	Phone
Address	Fax
City/State/Zip	Contact
Job Name	Phone
Address <u>1481 EXPOSITION BLVD APT 479</u>	Fax
City/State/Zip <u>SACRAMENTO CA</u>	Contact <u>SEE TIM</u>

- COMPRESSOR
 - SUCTION _____ PSI
 - HEAD _____ PSI
 - VOLTS _____ AMPS
 - ELECTRICAL CONNECTIONS
 - CONTACTS TIGHT & CLEAN
 - OIL LEVEL & CONDITION
- CONDENSER COIL
 - CLEAN COIL & CHECK FIN. COND.
 - ENT _____ °F LVG _____ °F
- REFRIGERANT
 - LEAK CHARGE
- FAN AND MOTOR
 - VOLTS _____ AMPS
 - ELECTRICAL CONNECTIONS
 - CONTACTS TIGHT & CLEAN
 - FAN PULLEYS (ADJUST BELT)
 - CHECK LUB BEARINGS & MOTOR
- EVAPORATOR COIL
 - CLEAN COIL & CHECK FIN.
 - ENT DB _____ °F LVG DB _____ °F
 - ENT WB _____ °F LVG WB _____ °F
- CONDENSATE AREAS
 - INSPECT & CLEAN DRAIN PAN
 - INSPECT & CLEAN DRAIN
- AIR FILTERS
 - CLEANED REPLACED
- HEATING ASSY.
 - BURNER & HEAT EXCHANGER
 - FUEL SUPPLY & PRESSURE
 - PILOT ASSEMBLY
 - FLAME ADJUSTMENT
 - PRIMARY RELAY & FLUE
 - FAN & LIMIT SWITCH OPER.
 - BLOWER ASSEMBLY
 - RV VALVE
 - STRIP HEAT
 - DEFROST CYCLE
- ELECTRICAL COMPTS.
 - RELAYS CONTACTORS
 - OVERLOAD PRESS SWITCH
- THERMOSTAT
 - OK REPLACE
 - RELOCATE

EQUIPMENT SERVICED		
Make <u>YORK</u>	Model # <u>024 045</u>	Serial Number
Make	Model #	Serial Number
Make	Model #	Serial Number

NO SWEATSM TASKS RATES HOURLY RATE \$ _____

RECOMMENDED REPAIRS / COMMENTS DESCRIPTION OF SERVICE

1 RA #90CFM	1 SA 91	<u>AIR BALANCE REPORT</u>	<u>200⁰⁰</u>
2 RA 90 CFM	2 SA 92		
3 RA 95 CFM	3 SA 104		
4 RA 87 CFM	4 SA 95		
5 RA 81 CFM	5 SA 85		
6 RA 74 CFM	6 SA 95		
7 RA 175 CFM	7 SA 90		
OAR 142 CFM	8 SA 125		
<u>824 CFM</u>	<u>777 CFM</u>	No Sweat Service SM Diagnostic Charge	
<u>+ 20%</u>	<u>- 5%</u>	Please Remit This Amount	<u>200⁰⁰</u>
<u>UNIT RATES @ 800 CFM</u>		Buyer's Signature of Acceptance	
<u>OAR = OUTSIDE AIR RETURN</u>		X	Date: _____

NOTICE TO BUYER: All contractors are required by California law to be licensed and regulated by the Contractor's State License Board. Any questions concerning CGI may be referred to: Registrar, Contractor's State License Board, P.O. Box 26000, Sacramento, CA 95826. **Please read both the front and back of this document.** By signing, you are affirming that you have full legal authority to order the above work, and that, upon satisfactory completion, payment will be remitted as indicated. You are also accepting the Pricing, Scope of Work, and Terms and Conditions. Thank you for your confidence in CGI Mechanical Services.



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-17-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

4680 PELL DR "C"

Has been conducted by Inspector

S. Bodick

On

1-12-01

00-09858-194
Permit Number 199

500
Square Footage

Remodel
Type of Inspection

They system is acceptable by this department.

Ross L. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

7F-820
F.D. Reference Number

