

CITY OF SACRAMENTO CASHIER'S WORKSHEET

COPY 04/26/2005

RECEIPT NUMBER: R0507065

TRANSACTION DATE: 04/26/2005
TRANSACTION AMOUNT: 189.76
NOTATION:

APD #: **0505712**
SITE ADDRESS: 7262 BAYVIEW WY SAC
PARCEL: 031-0410-011

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: **ISSUED**

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		189.76

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.04	.00	3.04
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

ISSUED

APR 26 2005

Sacramento Building Division

PAID

CITY OF SACRAMENTO

APR 26 2005

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

City of Sacramento



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

ISSUED

***** Office Use Only *****

Permit No: 0505712
Date Issued: 4/26/05
Total Amount: \$189.76

APR 26 2005
Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 7262 Bayview Way
Nature of Work: replace gas split system

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-2011C License Number 327353 Date 4/26/05 Signature Debra Carlson

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 _____

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 4/26/05 Applicant/Agent Signature Debra Carlson

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 713-02 Expiration Date 1/05

(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 4/26/05 Applicant Signature Debra Carlson

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.



Fax # (916) 264-1901

0505712 FAXBACK PERMIT APPLICATION
(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 7662 Boulevard Way Sac
 Parcel Number: 031-0410-011
 CONTACT PERSON: Lori Davis
 Property Owner: Lori Davis
 Address: 7662 Boulevard Way
 City/State/Zip: Sac CA 95831
 Phone: 916 442-5215
 CONTRACT PRICE: \$ 55831
 CONTRACT PHONE: 916 442-5215
 Contractor: Valley Heating & Air License # 327383
 Address: 6232 Four Oaks Blvd
 City/State/Zip: Carmichael CA 95608
 Phone: 916 944 3783 FAX: 916 944 3053
 Unit #

Description of Work: replace gas split system
 NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW EXCHANGE-OUT <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"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER <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	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudstiff/Sluds <input type="checkbox"/> Exterior * Design Review approval may be required.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
<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	* Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	*NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) IFR Faxback Permit updated 12/09/01

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 CITY OF SACRAMENTO
 APR 26 2005
 NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

ACORD. CERTIFICATE OF LIABILITY INSURANCE

OP ID DV
VALLE-2
DATE (MM/DD/YY)
03/03/05

PRODUCER
Wasserman & Associates
Insurance Brokers, Inc.
PO Box 19970
Sacramento CA 95819-9915
Phone: 916-739-0254 Fax: 916-733-0622

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

- INSURER A: **First Specialty Insurance Corp**
- INSURER B: **State Compensation Fund**
- INSURER C:
- INSURER D:
- INSURER E:

INSURED
Valley Heating & Air
Conditioning & Home
Improvements, Inc.
8232 Fair Oaks Blvd
Carmichael CA 95808

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING THIS CERTIFICATE, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. POLICY LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> CLAIMS MADE AND DEFENSE COSTS <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OTHER	RP102299-1	09/01/04	09/01/05	EACH OCCURRENCE \$ 1,000,000 PER CLAIM (Any one policy) \$ 50,000 MED EXP (Any one policy) \$ 10,000 PERSONAL & ADJ INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPLETED OPS \$ 2,000,000 Emp Ben. 100,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OTHER				COMBINED SINGLE LIMIT (Per occurrence) \$ BODILY INJURY (Per occurrence) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per occurrence) \$ AUTO BODILY INJURY - EXCEPTED \$ OTHER THAN AUTO BODILY INJURY \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> OTHER	7138760-04	01/01/05	01/01/06	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E1: PATH EMPLOYMENT \$ 1,000,000 E2: DISEASE - PER EMPLOYEE \$ 1,000,000 E3: DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 *30 Days Notice to Certificate Holder applies except for Non-Payment of Premium, which is 10 days.

PAID
CITY OF SACRAMENTO
APR 26 2005
NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

CERTIFICATE HOLDER N ADDITIONAL INSURED: INSURER LETTER: _____

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
La. J. Wa

PROOF OF Insurance Coverage

TRANSMISSION VERIFICATION REPORT

TIME : 04/26/2005 10:40
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 04/26 10:37
 FAX NO./NAME 99443053
 DURATION 00:02:56
 PAGE(S) 04
 RESULT OK
 MODE STANDARD

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