

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0510689
Insp Area: 4
Thos Bros: 277E6

Site Address: 639 HAGGIN AV SAC
Parcel No: 262-0163-019

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

CONTRACTOR
KLEEN AIR
1657 SILICA AVE
SACRAMENTO CA 95815

OWNER
GEORGE WESTWOOD
639 HAGGIN AVE
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: PAPERLESS PERMIT-HVAC- C/O roof mount pack unit.
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'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 481974 Date 7-27-05 Contractor Signature Earl Coa

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 7-27-05 Applicant/Agent Signature Earl Coa

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 7-27-05 Applicant Signature Earl Coa

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



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

0510684

7/26

APR 26 2 01:53 019
 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:

Job Address: 639 HAGGIN AVENUE - RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Parcel Number: -
 Credit Card Info on File? Yes No

Inspection Request # (915) 264-7622
 Fax # (916) 264-1901
 Building Department

Job Address: 639 HAGGIN AVENUE -
 Parcel Number: -
 Unit #

CONTACT PERSON: EARL COX
 Property Owner: GEORGE WESTWOOD
 Address: 639 HAGGIN AVENUE
 City/State/Zip: SACRAMENTO, CA 95833
 Contractor: KLEEN AIR
 Address: 1657 SILICA AVENUE
 City/State/Zip: SACRAMENTO, CA 95815
 Phone: 916-922-3995
 License # 481974
 FAX: 980-8409

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: change out Package unit on ROOF

<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 <input type="checkbox"/> NEW CHANGE-OUT <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relpocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * 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) 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 N/R Faxback Permit updated 12/09/01
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* Design Review approval may be required.

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*NOTE: Correction Notice Items will require an additional building permit.

N/R Faxback Permit updated 12/09/01

HEATING AND COOLING EQUIPMENT QUESTIONNAIREApplicant's name: Kleen AIR Phone: 916-922-3995Project Address: 639 Haggin Avenue

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. Are you installing a GROUND-MOUNTED UNIT? Yes (If yes, select either A or B below.) No (If "no" continue on to item 2 on the back side of this page.)

A. There is an existing ground-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

a. 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. (Check the box to the left if it accurately and completely describes your proposed work.)

b. The new unit differs in location from the existing unit. (Check the box to the left if it accurately describes your proposed work and continue on to either a or b below.)

1. The new unit is fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

2. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

A. There is no unit in the proposed location. (Check the box to the left if this is correct and read a and b below.)

a. The new unit will be fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

b. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

2. Are you installing a ROOF-MOUNTED UNIT?

Yes (If "yes", select either A or B below.)

No (If "no", see item 1 on the front of this form)

A. There is an existing roof-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B. below.)

a. 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. (Check the box to the left if it accurately and completely describes your proposed work.)

b. 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. (Check the box to the left if it accurately and completely describes your proposed work.)

B. There is no existing roof-mounted unit (Check the box to the left if this is correct and read a below.)

a. 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. (Check the box to the left if it accurately and completely describes your proposed work.)

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature:

Earl Cox

Date:

7/21/05

For City Staff use only

Counter Staff

[Signature]

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area