

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0508888

Insp Area: 1
Thos Bros: 297F4

Site Address: 2805 H ST SAC

Parcel No: 003-0204-025

ALHAMBRA CORRIDOR DRD

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

CONTRACTOR
AIR SOLUTIONS
910 T&U ALLEY
SACRAMENTO CA 95818

OWNER
BOSTICK WARREN L/VIRGINIA L
2521 BUCKEYE
NEWPORT BEACH, CA 92660

ARCHITECT

Nature of Work: CHANGE OUT ROOF-MOUNT PACKAGE HVAC UNIT FOR UNIT #4 ONLY

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 757806 Date 06-21-05 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 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: _____

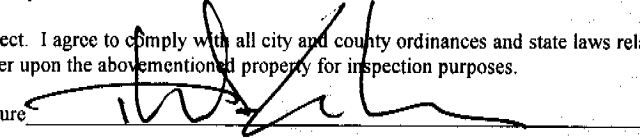
PAID
CITY OF SACRAMENTO

Date _____ Owner Signature _____ JUN 21 2005

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. _____ I, as owner of the property, certify that the location of any improvement or the violation of any private agreement relating to location of improvements.

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 above-mentioned property for inspection purposes.

Date 06-21-05 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 NO EMPLOYEES Policy Number Exp Date

_____, (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 06-21-05 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX: 264-7046

| | |
|------------------------------|------------|
| ACTIVITY # 0508888 | Insp. Area |
|------------------------------|------------|

Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2805. H STREET

Suite: 4

PARCEL #: _____

| | |
|--|--|
| <p style="text-align: center;">CONTACT</p> <p>Name: <u>TOM SINKING</u> Street Address: <u>910. T & U ALLEY</u> City/State/Zip: <u>SACRAMENTO CA 95818</u> Phone: <u>916 - 444 - 7896</u> E-Mail: _____</p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>757806</u></p> <p>Name: <u>AIR SOLUTIONS INC</u> Street Address: <u>910. T & U ALLEY</u> City/State/Zip: <u>SACRAMENTO CA 95818</u> Phone: <u>916 - 444 - 7896</u> E-Mail: _____</p> |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: _____ Street Address: _____ City/State/Zip: <u>N/A</u> Phone: _____ E-Mail: _____</p> | <p style="text-align: center;">OWNER</p> <p>Name: <u>M & M PROPERTY</u> Street Address: <u>1401. EL CAMINO AVE</u> City/State/Zip: <u>SACRAMENTO CA 95815</u> Phone: <u>923. 1629</u> E-Mail: _____</p> |

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: REPLACE EXISTING 2 TON GAS/ELECT
HVAC UNIT - ROOF MOUNT

OCCUPANT/TENANT: _____ VALUATION: 3,300⁰⁰

| | | | | | | | | | | |
|------------------------|--------------------------|------------|----------|------------|------------|-----------------|-------|----------|-----------|-------------|
| FLOOD STATUS: | | | S-CAT: | | | | | | | |
| JOB DESCRIPTION | BLDG | SHELL | APT | T() | REM() | SW | FIRE | ADD | OTE | |
| INSPECTION DISCIPLINES | | | BLDG | MECH | PLUMB | ELEC | | SHE | FIRE | |
| # Stories | 1 st Flr Area | Total Area | Use Zone | Occp Group | Coast type | Fire Reg. Y / N | | Fee Code | Viol. [H] | File [Quad] |
| | | | | | | SPR | ALARM | | PW | UTIL |
| B | L | P | M | E | F | S | | D | | |

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: AIR SOLUTIONS INC Phone: (916) 444-7896
Project Address: 2805 H STREET #4 Phone:

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

1. GROUND-MOUNTED UNIT

- 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.
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 building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. [x] There is an existing roof-mounted unit.
[x] 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.

Applicant's signature: [Signature] Date: 06-21-05

FOR CITY STAFF USE ONLY

Counter Staff: [Signature]

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

0508888

Alhambra Corridor