

**CITY OF SACRAMENTO****1231 I Street, Sacramento, CA 95814****Permit No: 0213058****Insp Area: 1****Thos Bros: 298 A4****Site Address: 63 49TH ST SAC****Parcel No: 004-0052-009****Sub-Type: RES****Housing (Y/N): N****CONTRACTOR**A & P HTG & CLG  
6423 ELVAS AV  
SACRAMENTO CA 95819**OWNER**EVANGELISTI FREDERICK C  
63 49TH ST  
SACRAMENTO CA 95819**ARCHITECT****Nature of Work: HVAC change out package unit on the roof.****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 224596 Date 9-20-02 Contractor Signature [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 &amp; 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 9-20-02 Applicant/Agent Signature [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.

[Initials] 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 COMPENSATION INSURANCEPolicy Number 1671132-02Exp Date 01/01/2003

(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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 9-20-02 Applicant Signature [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.**



BUILDING DEPARTMENT  
Fax # (916) 264-1901

## FAXBACK PERMIT APPLICATION

(certain restrictions apply)

02/3058

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: <u>103 4th Street, Sacramento, CA 95819</u> | Unit # |
| Parcel Number:   |        |
| CONTACT PERSON: <u>Desiree Fennell</u>                   |        |
| Property Owner: <u>Fred Evangelisti</u>                  |        |
| Address: <u>103 4th Street</u>                           |        |
| City/State/Zip: <u>Sacramento, CA 95819</u>              |        |
| Phone: <u>455-1250</u>                                   |        |
| Contract Price: <u>\$5835</u>                            |        |
| CONTACT PHONE: <u>454-4100</u>                           |        |
| Contractor: <u>Alpha Home Insulating</u>                 |        |
| Address: <u>10123 Elwood Ave</u>                         |        |
| City/State/Zip: <u>Sacramento, CA 95819</u>              |        |
| Phone: <u>454-4600</u>                                   |        |
| FAX: <u>456-6020</u>                                     |        |

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

Change out package on roof

|  |  |   |  |  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|--|--|---|--|
| <input type="checkbox"/> REROOF (excluding tile)<br><input type="checkbox"/> TEAR-OFF<br><input type="checkbox"/> RESHEET<br><input type="checkbox"/> HOUSE<br><input type="checkbox"/> GARAGE<br># Stories: <u>1</u><br># SQUARES: <u>3+</u><br>Material: |  | <input checked="" type="checkbox"/> HVAC INSTALLATIONS<br><input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or elect. unit to gas.<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Fire Place Insert<br><input type="checkbox"/> Other (describe below)<br>Value of duct work:<br>Equipment: \$<br>Cut-in: \$ |  | <input type="checkbox"/> WATER HEATER<br><input type="checkbox"/> GAS<br><input type="checkbox"/> ELECTRIC<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New |  | <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE<br><input type="checkbox"/> REPAIR<br><input type="checkbox"/> Flooring/Joists<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Exterior<br><input type="checkbox"/> Mudsill/Studs<br><input type="checkbox"/> * Design Review approval may be required. |  | <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION *<br>(Residential and single apartment units ONLY)<br><input type="checkbox"/> SMUD<br><input type="checkbox"/> PG&E |  | <input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING<br><input type="checkbox"/> Electric Service Change<br># amps<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Water Service<br><input type="checkbox"/> Sewer Service<br><input type="checkbox"/> Gas Line<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water<br><input type="checkbox"/> Waste |  |
| <input type="checkbox"/> SIDING<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Horiz<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Stucco  |  | * Design Review approval may be required.   |  | * Design Review approval may be required.  |  | * NOTE: Correction Notice items will require an additional building permit.   |  | IWR Faxback Permit updated 12/09/01  |  |   |  |

INSPECTION  
REQUEST

ADDRESS 63 49th Street

FAX 808 264-8370

INSPECTION DATE 02/13/03  
ACQUISITION DATE 4/30/03  
TIME 11:50  
OWNER OR CONTRACTOR ☒ MON. ☐ TUES. ☐ WED. ☐ THURS. ☐ FRI.  
PERMIT NO. 02-13058

☐ BUILDING

☒ MECHANICAL

☒ PLUMBING

☒ ELECTRICAL

- |   |   |   |   |
|---|---|---|---|
| 810 <input type="checkbox"/> FORM               | M30 <input type="checkbox"/> UNDER FLR/SLAB | P40 <input type="checkbox"/> UNDER FLR/SLAB   | E60 <input type="checkbox"/> UNDER (CONDUIT)        |
| 811 <input type="checkbox"/> UFER (RES)         | M31 <input type="checkbox"/> TOP/ROUGH      | P41 <input type="checkbox"/> TOP/ROUGH        | E61 <input type="checkbox"/> CONDUIT/UNDERGRD.      |
| 812 <input type="checkbox"/> SLAB               | M32 <input type="checkbox"/> CONDENSATE     | P42 <input type="checkbox"/> WATER SERVICE    | E62 <input type="checkbox"/> CONDUIT/SLAB           |
| 813 <input type="checkbox"/> JOIST/GIRDER       | M33 <input type="checkbox"/> GAS TEST       | P43 <input type="checkbox"/> SEWER SERVICE    | E63 <input type="checkbox"/> ROUGH ELECT.           |
| 814 <input type="checkbox"/> INS. WALL          | M34 <input type="checkbox"/>                | P44 <input type="checkbox"/> STORM DRAIN      | E64 <input type="checkbox"/> ROUGH (WALLS ONLY)     |
| 815 <input type="checkbox"/> INS. FLOOR         | M35 <input type="checkbox"/>                | P45 <input type="checkbox"/> HRR. SVC. PIPING | E65 <input type="checkbox"/> ROUGH (CELL ONLY)      |
| 816 <input type="checkbox"/> ROOF               |   | P46 <input type="checkbox"/> FIRE SPR. SYS.   | E66 <input type="checkbox"/> SERVICE UNOGR. CONDUIT |
| 817 <input type="checkbox"/> ROOF PLYMATH       |   | P47 <input type="checkbox"/> GAS TEST         | E67 <input type="checkbox"/> TEMP POWER             |
| 818 <input type="checkbox"/> EXT. LATR/SIDE     |   | P48 <input type="checkbox"/> TEMP GAS         | E68 <input type="checkbox"/>                        |
| 819 <input type="checkbox"/> FRAME              |   | P49 <input type="checkbox"/>                  | E69 <input type="checkbox"/>                        |
| 820 <input type="checkbox"/> FRAME(WALLS ONLY)  |   |   |   |
| 821 <input type="checkbox"/> FRAME CEN. (T-BAR) |   |   |   |
| 822 <input type="checkbox"/> STRACK MARK        |   |   |   |
| 823 <input type="checkbox"/> S.B.               |   |   |   |
| 824 <input type="checkbox"/> TILTUP             |   |   |   |
| 825 <input type="checkbox"/> FINE SPA. LOC      |   |   |   |
| 826 <input type="checkbox"/> SWEAR MARK         |   |   |   |
| 829 <input type="checkbox"/> FINAL              |   |   |   |

M39 ☒ FINAL

P59 ☒ FINAL

E79 ☒ FINAL

CLEAR