

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9902779
Insp Area: 2

Site Address: 1060 GLEN HOLLY WY SAC
Parcel No: 029-0162-003

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

CONTRACTOR
BEUTLER HEATING AND AIR
9608 OATES DR
SAC CA

OWNER
SORT SUTTER SAVINGS & LOAN ASSOC
4039 RAMEL WY
SACRAMENTO CA 95864

ARCHITECT

Nature of Work: REPLACE HVAC

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 C43 License Number 162634 Date 3/30/99 Contractor Signature Danell Rabin

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 3/30/99 Applicant/Agent Signature Danell Rabin

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 Casualty Policy Number 1068903262 Exp Date 4/1/99

____ (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 3/30/99 Applicant Signature Danell Rabin

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
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901**

DATE: 3/22/99

- *Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.*
- *Note: Contractors must have a current certificate of Worker's Compensation Insurance.*
- *Note: Work started before a Building Permit is issued will be subject to grand fees.*
- **IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:**

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) 13

JOB ADDRESS: 1060 Glen Holly Srd. #. 95822 UNIT # _____ ⇒ CONTRACT PRICE \$ 8148.

⇒ CONTACT PERSON: JAN KONG ⇒ CONTACT PHONE: (916) 369-2673

Property Owner: <u>KAREN & JOHN STASSI</u> Address: <u>4039 RAHEL WAY</u> City/State/Zip: <u>SACRAMENTO, CA 95864</u> Phone: <u>(916) 484-6509</u>	Contractor: <u>BEUTLER HEATING & AIR</u> Address: <u>9608 ORTES DRIVE</u> City/State/Zip: <u>SACRAMENTO, CA 95827</u> Phone: <u>(916) 369-2673</u> FAX: <u>(916) 856-6005</u>
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NATURE OF REQUEST: Indicate from the selections below			
<input type="checkbox"/> RENOOFF (excluding tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEET /SQUARES _____ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <small>(residential ONLY)</small> <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in	<input type="checkbox"/> WATER HEATER <small>(residential ONLY)</small> <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"/> MINOR ELECTRIC and/or MINOR PLUMBING <small>(residential ONLY)</small> <input type="checkbox"/> Electric Service Change <small># units _____</small> <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ <small>Note: Design Review approval may be required.</small>	Cost of equipment: \$ _____	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* <small>(residential and single apartment units ONLY)</small> <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: HVAC CHANGE OUT- CARRIER EQUIP.
GPS PIPING

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
12/04/98

PRODUCER
916-485-4500 FAX: 916-488-6149
ABD Ins. and Financial Services
960 Fulton Avenue
Sacramento, CA 95825-4558
Contact: Debbie Finch

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.

COMPANIES AFFORDING COVERAGE

INSURED
Beutler Heating and Air
Conditioning
9605 Oates Drive
Sacramento, CA 95827

- COMPANY
A Underwriters Insurance Company
- COMPANY
B Safeco Insurance Company
- COMPANY
C American Guarantee & Liability
- COMPANY
D

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	SRG00338	12/01/98	12/01/99	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPROP AGG \$1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 500,000
					MED EXP (Any one person) \$
B	AUTOMOBILE LIABILITY	BA2378348	12/01/98	12/01/99	COMBINED SINGLE LIMIT \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
					AGGREGATE \$
C	EXCESS LIABILITY	AUO296426100	12/01/98	12/01/99	EACH OCCURRENCE \$10,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$10,000,000
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL			EACH ACCIDENT \$
	OTHER				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION Ten Day Notice for Non-Payment
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
[Signature]