

CITY OF SACRAMENTO

Permit No: 9802438

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 930 ALHAMBRA BL SAC

Sub-Type: RES

Parcel No: 0070052022

SUITES-230-260-150-270-280-285-290-210

Housing (Y/N):

N

CONTRACTOR

OWNER

ARCHITECT

2920 ARDEN WAY ASSOCIATES

PO BOX 163411

SACRAMENTO CA

95816

Phone:

Phone: 916-457-2036

Phone:

Nature of Work: REPLACE HVAC UNITS ON OFFICE BLDG 3-5 TON SPLITS 2-3 TON PACKAGE GAS/ELEC 3-4 TON PACKAGE GS /ELE

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 _____ License Number _____ Date _____ 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 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 or 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 or 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 3/26/08 Owner Signature Chris Prochini

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.

Date 3/26/08 Applicant/Agent Signature Chris Prochini

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 _____ Policy Number _____

(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 3/26/08 Applicant Signature Chris Prochini

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
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

Worker's Comp Policy #
Company

ADDRESS 930 ALHAMBRA BLVD P.C. # _____
 PARCEL # _____ SUITE # _____
 AREA # _____

CONTACT
 NAME CHRIS BROCCIANI NAME _____
 ADDRESS P.O. BOX 163411 ADDRESS _____
SACRAMENTO ZIP 95816 ZIP _____
 PHONE (916) 457-2036 FAX: (916) 455-1108 PHONE() - FAX() -

ARCH./ENG. OWNER
 NAME _____ NAME 2920 ARDEN WAY ASSOCIATES
 ADDRESS _____ ADDRESS P.O. BOX 163411
 ZIP _____ ZIP SACRAMENTO, CA 95816
 PHONE _____ PHONE (916) 457-2036 FAX (916) 455-1108

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: REPLACE 35 YEAR OLD HVAC UNITS ON
OFFICE BUILDING, (3) 5 TON SPLIT (2) 3 TON
PACKAGE GAS/ELECT (3) 4 TON PACKAGE GAS/ELECT
SUBJECT TO FIELD WSP
SUITS 230, 260, 150, 270, 280, 285, 290, 210

D.B.A. _____ VALUATION 17,800

FLOOD STATUS _____ S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI() REM() SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
B	L	<u>P</u>	<u>M</u>	<u>E</u>	Y/N	Y/N		
					F	S	D	R

COMMENTS:

