CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

Permit No: 0511618

Insp Area: Thos Bros:

317J4

Site Address: 5304 55TH ST SAC

Parcel No:

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

RES

023-0211-017

3

CONTRACTOR NEW CENTURY AIR 3129 FITE CIR #130 SACRAMENTO CA 95827

<u>OWNER</u> ARIAS NOEL/CLAUDIA MELCHO 5304 55TH ST

SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: PAPERLESS, NEW HVAC GAS PKG CUT IN, & 100 AMP ELECTRIC SERVICE - SMOKE DETECTORS ARE REQUIRED PER 2001 CBC

CONSTRUCTION LE			of perjury that there is a construction	on lending agency	for the performance of
Lender's Name		Lende	r'sAddress		
(commencing with section 7	000) of Division 3 of the	TION: I hereby affirm ususiness and Professions Co	nder penalty of perjury that I am de and my license is in full force and	licensed under p	provisions of Chapter 9
reason (Sec. 7031.5, Busine prior to its issuance, also red License Law (Chapter 9 (co	ss and Professions Code; uires the applicant for su mmencing with Section ?	any city or county which red ich permit to file a signed sta 7000) of Division 8 of the Bo	perjury that I am exempt from the curies a permit to construct, alter, in tement that he or she is licensed purusiness and Professions Code) or that for a permit subjects the applicant	nprove, demolish, suant to the provi at he or she is ex	or repair any structure, sions of the Contractors empt therefrom and the
sale (Sec. 7044, Business ar	d Professional Code: The Torner of the T	he Contractors License Law of s/her own employees, provid	ompensation, will do the work, and to does not apply to an owner of proper ed that such improvements are not lider will have the burden of proving	erty who builds or intended or offered that he/she did r	improves thereon, and ed for sale. If, however, not build or improve for
I, as owner of the pr The Contractors License La licensed pursuant to the Con	w does not apply to an ov	ontracting with licensed cont wner of property who builds	CITY OF SA ractors to construct the project (Sec or improves thereon, and who control of the con	c. 7044, Business	and Professions Code:
I am exempt under Se	ec I	B & PC for this reason:	VEIGHBORHOO	ODS, PLANNI	NG
Date		Owner Signature	4 (1) 11 (1) A (1) (1) A	MENT SERVI	CES
measurements and locations private agreement relating t improvement or the violation	s shown on the application permissible or prohibited of any private agreement	on or accompanying drawing ed locations for such improvent relating to location of impro-		constructed does not authorize an	not violate any law or y illegal location of any
I certify that I have read this building construction and he Date	rby authorize representat	it all information is correct. I ive(s) of this city to enter upo Applicant/Agent Signature	agree to comply with all city and con the abovementioned property for i	inspection purpos	and state laws relating to es.
WORKER'S COMPEN	tain a certificate of cons	ATION: I hereby affirm unent to self-insure for workers	der penalty of perjury one of the foll of compensation as provided for by	lowing declaration Section 3700 of	ns: the Labor Code, for the
his permit is issued. My w	tain workers' compensation insu	on insurance, as required by urance carrier and policy num	Section 3700 of the Labor Code, fober are:	or the performanc	ee of the work for which
Carrier STATE	FUND	Policy Nu	ımber 1616422	Exp Date	01/01/2006

(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, Ishall 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.

9-5-05

_ 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.



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

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 quad fee

OSIGNET 2

ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

The reservence	COCHAMPS COX	achere but In	K. HVAS Cas Pr	DESCRIPTION OF WOI
20000		Note: Design Review approval may be required for roofing units.	Nate: Design Review approval may be required for roottop units.	Note: Design Review approval may be required in seriain areas.
*NOTE: Correction Notice items will require an additional building permit	☐ Water Service Replacement ☐ Gas Line Replacement ☐ C Re-plumb ☐ Water ☐ Waste	ORY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)	Q Wall furnace Q Other (describe below) Value of duct work:: Equipment: 5 Cul-in: 5	SIDING O wood OT-111 O Horiz O vinyl O stucce
AUS 0 5 2005 O SMUD NEIGHBORHOODS, PLANNING AND DEVELOPMENDERGECES	O Re-wice Change O New electric circuits O Re-wice AND DE	C) Change-out C) Electric to Gas C) Relocate C) New	O Heat Pump Departure O Split system O Roof mount O Out-in O Heat pump or elect.	HOUSE GARAGE
SAFETY INSPECTION. (Residential and single partment (Massons by Ni High Partment	MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) (residential ONLY)	WATER HEATER (residential ONLY) GAS G ELECTRIC	(residential ONLY)	RENGOF (excluding tile) TEAR-OFF RESHEET
		Indicate from the selections below & provide details under	'Indicate from the selecti	NATURE OF REQUEST:
9011	HE CIRUH 130 (H 95827 (H 95827	Address: 3129 F City/State/Zip: 324 Phone: 342-2524	Noel & Claudia	Address: 2304 56 City/State/Zip: 1054
7822	PHONE: 3/02	MOZA -> CONI	SON: April EST	-> CONTACT PERSON:
19/61	COMMERCIAL (timited)	APARTMENTS (4+ units per building)	RESIDENTIAL O APA	JOB ADDRESS:5304
		of the line of the own to make	IN ORDER TO PROCESS (FILE REGISTER) CHECK CALL	N ORD