

SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR MAINTENANCE REQUIRING A PERMIT ARE IN EXCESS OF \$1,000 OR WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP R)

Building Permit

George

ISSUED

City of Sacramento



PLANNING BUILDING DEPARTMENT BUILDING DIVISION (916) 808-BLDG (2534)

Office Use Only

Permit No 04.02997
Date Issued: 3/1/04
Total Amount: \$184.20

MAR 09 2004
Sacramento Building Division

Please Fill in the Following

Site Address: 4580 Amble Brook Way Sac
Nature of Work: MHC Change out

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 C20 License Number 776420 Date 3/1/04 Signature J. Hedge

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 3 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 Professions 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 3/1/04 Applicant/Agent Signature J. Hedge

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 Hon Risk Services
Policy Number 29-B-730-00CA Expiration Date 6-1-04

(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 3/1/04 Applicant Signature J. Hedge

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 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
1231 I Street, Sacramento, CA 95814

FEE SUMMARY
FOR PERMIT #0402997
Bldg Minor Permit
as of 03-02-2004 Permit Status: **READY**

Site Address: **4880 AMBLEBROOK WY SAC**
Parcel No: 117-0692-011
Thomas Bros: 337J5

CONTRACTOR
AMERICAN COMFORT
3628 MADISON AVE
NORTH HIGHLANDS CA 95660
Phone: 916-437-1900

OWNER
RUDY JUSTINICH
4880 AMBLEBROOK WY
SACRAMENTO CA 95823
Phone: 392-3999

ARCHITECT

Phone:

Nature of Work: C/O HVAC

Permit Valuation: \$5,500.00
Square Footage: 0

| | | | |
|-------------------------|----------|---------------------------|-----------------|
| Building Permit | \$175.00 | Water Development Fee: | \$0.00 |
| Strong Motion Fee | \$0.00 | Sewer Development Fee: | \$0.00 |
| City Bus Oper Tax..... | \$2.20 | Regional Sanitation Fee.: | \$0.00 |
| Technology Fee | \$7.00 | Pocket Area Road | \$0.00 |
| Housing Surcharge | \$0.00 | SAFCA Fee | \$0.00 |
| Res Const Tax | \$0.00 | North Natomas | \$0.00 |
| Penalty Fee | \$0.00 | FBA-Jacinto Creek..... | \$0.00 |
| Inspections | \$0.00 | Refund | \$0.00 |
| Replace Cards | \$0.00 | | |
| Renewal Fee | \$0.00 | Additional Fees | \$0.00 |
| Water Meter Fee | \$0.00 | | |
| | | TOTAL FEES | \$184.20 |
| | | Payments | \$0.00 |
| | | BALANCE DUE | \$184.20 |

PAID
CITY OF SACRAMENTO

MAR 09 2004

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES



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:

Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 4880 Amble Brook Way Contract Price \$ 5,500.00 Unit # _____
 Parcel Number: 17-0182-01 CONTRACT PHONE: 916-424-4030
 CONTACT PERSON: Diz Hede Contractor: American Call Center # 776420
 Property Owner: Rudy Justinick Address: 3828 Madison Ave #20
 Address: 4880 Amble Brook Way City/State/Zip: Yuba Highlands CA 95660
 City/State/Zip: Sacramento, CA 95823 Phone: 916-424-4030 FAX: _____
 Phone: 916-382-5558

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

Description of Work: HVAC Change-out

| | | | |
|---|--|---|--|
| <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE # SQUARES # Stories: 1 2 3+ Material: _____ | <input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Culin <input type="checkbox"/> Heal pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ <u>5500</u> Cut-in: \$ _____ | <input type="checkbox"/> WATER HEATER <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"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. | <input type="checkbox"/> MINOR ELECTRICAL and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric <input type="checkbox"/> Re-write <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Rr jkwns <input type="checkbox"/> Water <input type="checkbox"/> Waste |
| * Design Review approval may be required. | | | |

MODE = MEMORY TRANSMISSION

START=MAR-09 09:47

END=MAR-09 09:57

FILE NO.=710

| STN NO. | COMM. ABBR NO. | ONE-TOUCH/ ABBR NO. | STATION NAME/EMAIL ADDRESS/TELEPHONE NO. | PAGES | DURATION |
|---------|----------------|---------------------|--|---------|----------|
| 001 | OK | * | 94371919 | 008/008 | 00:09:40 |

-CITY OF SACRAMENTO -

***** -PLAN CHECK - ***** 916 264 5987- *****

CITY OF SACRAMENTO CASHIER'S WORKSHEET

RECEIPT NUMBER: R0403452

TRANSACTION DATE: 03/09/2004
TRANSACTION AMOUNT: 184.20
NOTATION:

APD #: 0402997
SITE ADDRESS: 4880 AMBLEBROOK WY SAC
PARCEL: 117-0692-011

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED ✓

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

| Type | Method | Description | Pymt Amount |
|---------|----------|-------------|-------------|
| Payment | Mon. Ord | | 184.20 |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|------------------------|--------|-----------|-----------|--------------|
| 200 | Permit-Building-Res | 1100 | 175.00 | .00 | 175.00 |
| 206 | City Business Oper Tax | 1730 | 2.20 | .00 | 2.20 |
| 259 | Technology Surcharge | 1750 | 7.00 | .00 | 7.00 |

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CITY OF SACRAMENTO**

MAR 09 2004

**NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES**