

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9712705
Insp Area: 4

Site Address: 2034 SAN JUAN RD SAC
Parcel No: 2250230061 #261, 262

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

CONTRACTOR

OWNER

ARCHITECT

CERTE APARTMENT INVESTMENTS LTD
4400 ANTELOPE RD
ANTELOPE, CA 95843
Phone: 916-348-6462

Phone:

Phone:

Nature of Work: INSTALL LAUNDRY HOOKUPS INCLUDING PLUMBING, VENT, ELECTRIC

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 9-12-97 Owner Signature CLRS

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 9-12-97 Applicant/Agent Signature CLRS

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 Acordia Reaves Policy Number 696014710 12/1/97 us

____ (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 9-12-97 Applicant Signature CLRS

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.

97-12705C

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

WORKERS COMP. POLICY #
COMPANY #
EXP. DATE

ADDRESS 2034 San Juan Rd P.C. # _____
 PARCEL # 305-023070 SUITE # 261/262
AREA # _____

CONTACT LICENSED CONTRACTOR

NAME CHRIS KOSKOFF
ADDRESS 2078 San Juan Rd
PHONE 916 365 8 ZIP 95843
FAX: ()

NAME _____
ADDRESS _____
PHONE _____ ZIP _____

ARCH./ENG. OWNER/TENANT

NAME _____
ADDRESS _____
PHONE _____ ZIP _____

NAME PAUL GROUT
ADDRESS 4400 HATFIELD RD
PHONE 348-6467 ZIP 95843

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL:

install bathroom hook ups including plumb, vent, etc.

D.B.A. Woodbridge 2018 VALUATION 1000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

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	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
B	L	P	M	E	F	S	D	R

COMMENTS: _____

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed _____

Job Address 2034 San Juan St #261/262 Date 9-11-97

Permit No.: _____



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Chris Rokey
to sign the Owner-Builder Verification on my behalf.

and authorization to sign for permits.

Signature *R Schmitt*

Print Name Robin Schmitt

Address 4400 Antelope Rd
Antelope Ca 95843

Telephone 348-6162

1708

ACORD. CERTIFICATE OF INSURANCE CIS 06172 ISSUE DATE (MM/DD/YY) 01/06/97

PRODUCER
 ACORDIA REEVES INS SRVCS
 LICENSE NO. 0553499
 1750 CREEKSIDE OAKS #220
 SACRAMENTO CA 95833

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.

INSURED
 CERTE* APARTMENT INVESTMENTS, LTD.
 4660 LA JOLLA VILLAGE DR
 SUITE #1080
 SAN DIEGO, CA 92122-4601

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER	A CAL COMP INSURANCE CO
COMPANY LETTER	B
COMPANY LETTER	C
COMPANY LETTER	D
COMPANY LETTER	E

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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT.				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
					PERSONAL & ADV. INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXP. (Any one person)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					EACH OCCURRENCE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
					STATUTORY LIMITS	
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	G96C149410	12/01/96	12/01/97	EACH ACCIDENT	\$ 1,000,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EACH EMPLOYEE	\$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 SUBJECT TO TEN DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

CERTIFICATE HOLDER
 CITY OF SACRAMENTO
 ATTN: BARBARA
 1231 I STREET
 SACRAMENTO CA 95814

CANCELLATION
 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
Clare Scott Johnson

CITY OF SACRAMENTO

100 AMP Service

SUBMIT TWO COPIES

THIS COPY SHALL BE ON JOB SITE AT ALL TIMES

LOAD CALCULATION - N.E.C. 220-30

CONTRACTOR/OWNER

JOB ADDRESS:

TOTAL SQ. FT. 875

NUMBER	ITEM	WATTS	Air conditioning example (Not heat pump)
875	Sq. ft @ 3 watts per sq. ft.	2625	Compressor 20 amps Fan 5 amps
2	20 Amp. Appliance circuits @ 1,500 watts each	3000	Unit Total Load - 25 amps x 240V
1	Range (Nameplate Rating = N.P.R.) <u>7,400 @ 208V</u>	7400	Electric Furnace @ N.P.R. - 6,000 watts X 65% = 3900 Watts
	Oven (N.P.R.)		Use 6000W., since it is larger.
	Cooking Units (N.P.R.)		Heat Pump Note: Be careful when doing load calculations where heat pumps are installed. The load for most heat pumps that are equipped with auxiliary heat strips will be larger under the demand for heat. For the purposes of load calculations only, on heat pumps, use 100% of the heat pump compressor and fans and 65% of auxiliary heat load to show total heat pump load.
	Water Heater (N.P.R.)		Heat Pump Example Compressor 20 Amps Fans 5 amps
1	Dishwasher (N.P.R.) <u>W/O / SAND</u>	1800	Heat Pump Load = 25A X 240V = 6,000
1	Disposal (N.P.R.)		Aux. Heat Strip = 6,000W X 65% = 3,900W
	Washer [1500 watts min. - N.E.C. 220-16(b)] <u>STACKABLE</u>	3000	Total Heat Pump Load = 9,900W
	Dryer [5000 watts min. or N.P.R. if larger] N.E.C. 220-18)		
	Meters (N.P.R.)		
	Other (N.P.R.)		
	Other (N.P.R.)		
Air Conditioning Equipment			
Air Conditioning [cooling @ (N.P.R. X 100%)] =			Sub-Total = <u>17825</u> (Less 1st 10KW) - 10,000 @100% =
Electrical Heating @ (N.P.R.) X 65% =			Remainder @ 40% <u>7825 @ 40%</u>
NOTE: USE THE LARGEST LOAD - HEAT OR COOL =			Total Air Cond. and/or heat pump load =
Heat pump (compressor & fans) X 100% = <u>3120</u>			Total Service Load = <u>19650</u> Watts
Aux. heat strips (or elect. furnace) X 65% = <u>5200</u> <u>3380</u>			watts + 240V = <u>81.8</u> Amps
Total Heat Pump Load = <u>6570</u>			Service Size <u>100 AMP</u>
NOTE = AMPS X CIRCUIT VOLTAGE = WATTS			

203 ✓

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