

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106940
Insp Area: 4

Site Address: 4550 PELL DR SAC
Parcel No: 237-0022-086

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

CONTRACTOR
AIR COMPANY
P.O. BOX 1465
ORANGEVALE 95662

OWNER
MOORE MICHAEL D & CONNIE L
4570 PELL DR
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: CUT IN 4 NEW ROOFTOP HVACS

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 337920 Date 6-20-01 Contractor Signature May White

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 6-20-01 Applicant/Agent Signature May White

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

X 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 IND. INSUR. COMP. OF NORTH AMER Policy Number NWC 10129-00 Exp Date 10/01/2001

(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 6-20-01 Applicant Signature May White

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0106940	Insp. Area AC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4550 Penn Rd. Suite _____
 PARCEL # 2370022 086

CONTACT Name <u>GARY White</u> Street Address <u>P.O. Box 1465</u> City/State/Zip <u>Orangevale CA 95662</u> Phone <u>635-4956</u> FAX <u>635-4562</u> E-mail: _____	LICENSED CONTRACTOR Lic No. # <u>337920</u> Name <u>AIR COMPANY</u> Address <u>(Same as)</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name _____ Address <u>N/A</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # NWC 10129-00 EXPIRATION DATE: 10-01-01

NATURE OF WORK IN DETAIL: ADD 4 - 5 TON A/C UNITS ON ROOF - Includes New GAS LINES, CONDENSATE LINES, ELECTRICAL CIRCUITS -

OCCUPANT/TENANT: _____ VALUATION: \$ 25 000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>B51</u>		SPR	ALARM	<u>18</u>	[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	F	S	D	<u>18</u>	PW	UTIL
<u>13</u>	<u>1151</u>	<u>13</u>	<u>JTed</u>	<u>137.1.M.</u>						

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

dssu/forms/commercialapp. [rev. 03/28/00]

PERMIT SUMMARY DOCUMENT

Bldg Commercial
WAITING

Address: **4550 PELL DR SAC** Date Issued:

Area: 4

Permit #: **0106940**

Thomas Bros: 277F1

Location:

APN: 237-0022-086

Owner: MOORE MICHAEL D & CONNIE L
4570 PELL DR
SACRAMENTO CA
95838

Contractor: AIR COMPANY
P.O.BOX 1465
ORANGEVALE
CA 95662

Phone:

Phone: 916-635-4956

JOB DESCRIPTION: CUT IN 4 NEW ROOFTOP HVACS

DBA:

Occupancy: Change of Use: N Zoning: ??
Const Type: Sub-Type: REM DR: Expanded
Fire Spk/1hr sub?: / Activity Code: M1 Fed Code: 18
Flood Zone: NR Cert Req'd: N Balance: \$515.20

VALUATION: \$16,000.00 Sq. Ft: 0 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE N FIRE N

BLDG L/S MECH PLBG ELEC SITE FIRE UTIL PW

Cycle 1
Cycle 2
Cycle 3
Cycle 4

CONDITIONS: