

Building Permit

City of Sacramento

ISSUED

***** Office Use Only *****

Ground-Mounted Unit Must be fully screened from street views.

Permit No: 0218084
Date Issued: 12/23/02
Total Amount: 184.35

DEC 23 2002
Sacramento Building Division

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

Please Fill in the Following
Site Address: 2685 Dorine Way
Nature of Work: Replace gas split system

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 C-3041C License Number 227383 Date 12-18-02 Signature Debra Carlson

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 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 12-18-02 Applicant/Agent Signature

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 State Fund
Policy Number 713-02 Expiration Date 1/03

(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 12-18-02 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

(certain restrictions apply)

Darion Rowan Aern

Ground-Mounted Unit
Must be fully screened
from street views.

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.



BUILDING DEPARTMENT
 BUILDING DIVISION
 Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

In order to process this request, ALL of the following information MUST be provided:

Job Address: 2685 Dorine Way	Sacramento Ca 95833	Unit #
Parcel Number: 225-0377-006	Contract Price \$ 5870.00	
CONTACT PERSON: JIMMY TABOR	CONTACT PHONE: 916 944 3147	
Property Owner: JIMMY TABOR	Contractor: Valley Heating and Air License # 307383	
Address: 2685 Dorine Way	Address: 8338 Four Oaks Blvd	
City/State/Zip: Sacramento, Ca 95833	City/State/Zip: Carmichael CA 95608	
Phone: 916 944 3147	Phone: 916 944 3147	FAX: 916 944 3053

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

Replace gas split system

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT (Residential ONLY) <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat 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: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC (Residential ONLY) <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 TERMITTE 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 ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste (Residential ONLY) IWR Faxback Permit updated 1/09/01
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* Design Review approval may be required.

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* NOTE: Correction Notice items will require an additional building permit.

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Valley Heating Phone: 916-944-3727
Project Address: 2685 Durine Way 225-0327-008

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. **Are you installing a GROUND-MOUNTED UNIT?**

- Yes** (If yes, select either A or B below.)
 No (If "no" continue on to item 2 on the back side of this page.)

A. **There is an existing ground-mounted unit.** (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

- a. The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit. (Check the box to the left if it accurately and completely describes your proposed work.)
- b. The new unit differs in location from the existing unit. (Check the box to the left if it accurately describes your proposed work and continue on to either a or b below.)
1. The new unit is fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)
2. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

A. **There is no unit in the proposed location.** (Check the box to the left if this is correct and read a and b below.)

- a. The new unit will be fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)
- b. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

**Ground-Mounted Unit
Must be fully screened
from street views.**

2. Are you installing a ROOF-MOUNTED UNIT?

Yes (If "yes", select either A or B below.)

No (If "no", see item 1 on the front of this form)

A. There is an existing roof-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

a. The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit. (Check the box to the left if it accurately and completely describes your proposed work.)

b. The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

B. There is no existing roof-mounted unit (Check the box to the left if this is correct and read a below.)

a. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: _____

Per App Statement

Date: _____

12/19/02

For City Staff use only

Counter Staff _____

RW Williams

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

*No other work to be done
Exp. North Avoc*

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

****PRELIMINARY**
FEE SUMMARY
FOR PERMIT #0218084
Bldg Minor Permit
as of 12-19-2002 Permit Status: APPLIED**

Site Address: 2685 DORINE WY SAC

Parcel No: 225-0327-006

Thomas Bros: 277 D6

CONTRACTOR

VALLEY HEATING AND AIR
8232 FAIR OAKS BLVD
CARMICHAEL CA 95608
Phone: 916-944-3723

OWNER

TOBOR JARRETT
2685 DORINE WY
SACRAMENTO CA 95833
Phone: 916-743-2147

ARCHITECT

Phone:

PAID
CITY OF SACRAMENTO

DEC 23 2002

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

Nature of Work: HVAC change out split system. DESIGN REVIEW AREA

Permit Valuation: \$5,870.00
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.....	\$2.35	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	\$184.35
		Payments	\$0.00
PRELIMINARY		BALANCE DUE	\$184.35

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Sacramento Building Division

2. Are you installing a ROOF-MOUNTED UNIT?

Yes (If "yes", select either A or B below.)

No (If "no", see item 1 on the front of this form)

A. There is an existing roof-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

a. The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit. (Check the box to the left if it accurately and completely describes your proposed work.)

b. The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

B. There is no existing roof-mounted unit (Check the box to the left if this is correct and read a below.)

a. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Per App Statement Date: 12/19/02

For City Staff use only

Counter Staff RW Williams

- In a DR District Meets DR criteria? Yes No (route to DR staff)
 In a P area or listed (route to P staff)
 Not in DR/P area

No other work to be done
Exp. North Ave