

CITY OF SACRAMENTO

Permit No: 0611170

1231 I Street, Sacramento, CA 95811

THE HVAC SYSTEM SHALL COMPLY WITH THE 2005 CALIFORNIA BUILDING ENERGY STANDARDS FOR RESIDENTIAL BUILDINGS.

Insp Area: 4

Thos Bros: 277G4

Site Address: 3345 SWAIM CT SACRAMENTO, CA 95838
Parcel No: 030-020-024

FIELD VERIFICATION AND DIAGNOSTIC TESTING IS REQUIRED AS SPECIFIED IN THE RESIDENTIAL ACM MANUAL.

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

AIR VELOCITY
1407 LONE TREE LN
ROSEVILLE, CA 95678

JUL 24 2006

OWNER

DAVIE KIM L
3345 SWAIM CT
SACRAMENTO, CA 95838

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

Nature of Work: NEW CUT IN SPLIT SYSTEM HVAC

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

ARCHITECT

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-20 License Number 861975 Date 7/24/06 Contractor Signature [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 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 above mentioned property for inspection purposes.

Date 7/24/06 Applicant/Agent Signature [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 _____ Policy Number _____ Exp Date _____

(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 7/24/06 Applicant Signature [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.



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION

WWW.CITYOFSACRAMENTO.ORG
 Help Line: 1-916-808-6666 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-0370

North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Downtown Permit Center, New City Hall
 915 I Street, Sacramento, CA 95814

Fax # 916-808-1901

Date: 7/24/06

Activity # 0611170 **FAXED PERMIT APPLICATION**
 (certain restrictions apply)

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
 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 civil fees.

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

RESIDENTIAL APARTMENTS (+/- units per building) COMMERCIAL (limited)

Job Address: 3345 SWAIN CT Unit # 12-584
 Contact Person: Phoib MERLENDER Contract Price \$ 916-730-2575
 Property Owner: DON RAY Contractor: NR VELOCITY License # 861975
 Address: 3345 SWAIN CT Address: 1907 LONE TREE LN
 City/State/Zip: SAC, CA 95838 City/State/Zip: ROSEVILLE, CA 95661
 Phone: 916-922-4033 Phone: 916-730-2575 Fax: 916-730-2261

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
 Description of Work:

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required. | <input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <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"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ <u>12584</u> *Design Review approval may be required. | <input type="checkbox"/> Water Heater (Residential Only) <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 Termites Damage Repair (Describe Locations Below) *Design Review approval may be required. | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E ♦ NOTE: Correction Notice items will require an additional building permit. |
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City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

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|--|--|
| ADDRESS: 3345 SWAIM CT | APN: 250-0281-023 |
| DRPB AREA / PUD / SPD: STRAWBERRY MANOR | ZONING: R-1 |
| EXISTING LAND USE: SINGLE FAMILY RESIDENTIAL UNIT | |
| PROPOSED USE: NEW HVAC SYSTEM INSTALLATION IN ATTIC AND REAR YARD | |
| PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW: | |
| <input type="checkbox"/> | Planning review is NOT required. |
| <input type="checkbox"/> | Use is NOT allowed; applicant CANNOT submit for plan check. |
| <input type="checkbox"/> | Requires APPLICATION(s): PC ZA IR ER DR PB |
| | Required Planning application must be approved <i>before</i> project can be submitted for plan check |
| <input type="checkbox"/> | Application(s) IN PROGRESS: File Number: |
| | Application must be approved before project can be submitted for plan check. |
| <input type="checkbox"/> | Application(s) COMPLETED: File Number & approval date: |
| | Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period. |
| <input type="checkbox"/> | Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit. |
| <input type="checkbox"/> | Meets setback & lot coverage requirements as shown on site plan provided. |
| <input type="checkbox"/> | Plans to be submitted have been stamped/signed by Planning counter staff. |
| <input type="checkbox"/> | Route to SITE for plan check and inspection. |
| <input type="checkbox"/> | Route to SITE for inspection only, plan check not required. |
| <input type="checkbox"/> | Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal. |
| CONDITIONS AND COMMENTS: NEW HVAC SYSTEM WILL BE INSTALLED WITH HEAT UNIT INSIDE OF ATTIC AND AIR CONDITIONER SYSTEM INSTALLED IN REAR YARD, COMPLETELY NOT VISIBLE FROM STREET VIEW, BEHIND REAR YARD FENCE. NO DESIGN REVIEW APPROVAL REQUIRED. | |
| DATE: 07/24/06 | BY: BONNIE SURGEON |