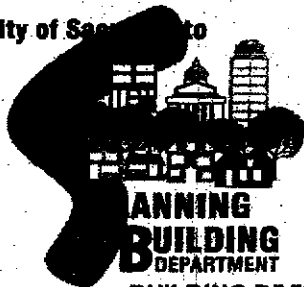


**SMOKE DETECTORS ARE REQUIRED
WHEN ALTERATIONS, REPAIRS OR ADDITIONS
REQUIRING A PERMIT ARE IN EXCESS OF
\$1,000 OR WHEN ONE OR MORE BUILDING PERMIT
ROOMS ARE ADDED OR CREATED (GROUP R)**

City of Sacramento



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

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

Permit No: 0209669
Date Issued: 7/18/02
Total Amount: 184.50

ISSUED
JUL 18 2002

Sacramento Building Division

***** Please Fill in the Following *****

Site Address: 6375 GOLF AVE DR SAC
Nature of Work: SPRINT HVAC CHANGEOUT

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 605770 Date 7-17-02 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 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: PAYED FOR BY THE CITY OF SACRAMENTO

Date _____ Owner Signature _____ JUL 18 2002

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 7-17-02 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 STATE FUND Policy Number 1625220-02 Expiration Date 5-8-02

(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 7-17-02 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.



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

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 6325 GORIN DR. Unit # _____
 Parcel Number: 019-0864-007
 CONTACT PERSON: BOB
 Property Owner: WANDA MCKINBIE
 Address: 6325 GORIN DR.
 City/State/Zip: SAC. CA 95831
 Phone: (916) 944-2047
 Contract Price \$ 6260
 CONTACT PHONE: 916-9552 License # 605770
 Contractor: High Time
 Address: 5807 OLIVE RANCH RD.
 City/State/Zip: SACRAMENTO CA 95831
 Phone: 916-9552 FAX _____

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

Description of Work: SPLIT SYSTEM HVAC CHANGE OUT

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW CHANGE-OUT <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"/> 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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <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

* Design Review approval may be required.

* Design Review approval may be required.

NOTE: contractor must permit with require an additional building permit.

IVR Faxback Permit updated 1/20/01

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0209669
Bldg Minor Permit
as of 07-18-2002 Permit Status: **APPLIED**

Site Address: **6375 GLORIA DR SAC**
Parcel No: 029-0264-007
Thomas Bros: 317 A6

CONTRACTOR
HIGH TEMP HEATING AND AIR
5847 OLIVE RANCH RD
GRANITE BAY CA 95746
Phone: 916-791-9552

OWNER
MCKINZIE NENA TRUST
575 CHETWOOD ST
OAKLAND CA 94610
Phone: 916-424-2247

ARCHITECT

Phone:

Nature of Work: HVAC CHANGE OUT SPLIT SYSTEM. THIS SIDE OF THE DUPLEX ONLY.

Permit Valuation: \$6,260.00
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.....	\$2.50	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.....:	\$184.50
		Payments.....	\$0.00

****PRELIMINARY**** **BALANCE DUE** **\$184.50**

PAID
CITY OF SACRAMENTO

JUL 18 2002

NEEDY WOODS, PLANNING
AND DEVELOPMENT SERVICES

MODE = MEMORY TRANSMISSION

START=JUL-19 00:21

END=JUL-19 00:25

FILE NO.=782

STN NO.	COMM.	ONE-TOUCH/ ABBR NO.	STATION NAME/EMAIL ADDRESS/TELEPHONE NO.	PAGES	DURATION
001	OK	2	97915487	003/003	00:03:53

-CITY OF SACRAMENTO

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

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



Permit No: 0209469
 Date Issued: 7/18/02
 Total Amount: 189.50

ISSUED
 JUL 18 2002

***** Please Fill in the Following *****

Site Address: 6375 GOLF COURSE DR SAC
 Nature of Work: SPRINKLER CHECKOUT

Sacramento Building Division

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 _____

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 License Class C-20 License Number 605770 Date 7-17-02 Signature _____

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 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 Safely Fund
 Policy Number 1625200-02 Expiration Date 5-8-02

(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.

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