OFFICE 33 NP

RESIDENTIAL MECHANICAL NEW SINGLE FAMILY

08/30/2011 14:31:50

EL DORADO COUNTY BUILDING DEPARTMENT

PLACERVILLE 530-621-5315
SO LAKE TAHOE 530-573-3330 **INSPECTIONS** 530-621-5377

PERMIT: 203320 APN: 082-082-07-1

JOB ADDRESS: **3591 FAIRWAY DR**
DIRECTIONS: MAP PG 217 F3; FROM US 50 NORTH ON CAMERON PARK DR TO LEFT ON EL DORADO ROYAL TO RIGHT ON FAIRWAY DRIVE TO SITE ON RIGHT.

APPL DATE: 08/30/2011
ISSUE DATE: 08/30/2011
EXP DATE: 08/29/2013

APPLICANT: PAGE KANDACE
APPL PHONE: (530) 626-3621
NOTE: CHANGE OUT - SAME FOR SAME

CNST TYPE: LOT SIZE: .000 CNTY RD: WDID:

SPECIFIC USE	TYPE	AREA	SPECIFIC USE	TYPE	AREA
HVAC UNIT	-				

	INSPECTION	DATE	INSPECTOR
1.	SITE REVIEW	__/__/__	
2.	SETBACK	__/__/__	
4.	FOOTINGS/FND	__/__/__	
6.	CONC.BLK COMPLET	__/__/__	
9.	SLAB	__/__/__	
10.	GIRDERS	__/__/__	
14.	INT SHEAR/BR WAL	__/__/__	
15.	EXT SHEAR/BR WAL	__/__/__	
16.	ROOF NAIL/DECK	__/__/__	
17.	FRAMING	__/__/__	
18.	SHEETROCK	__/__/__	
20.	LATHING	__/__/__	
21.	STUCCO/SCRATCH	__/__/__	
24.	WATER SUPPLY	__/__/__	
25.	SEWER	__/__/__	
26.	SLAB PLUMBING	__/__/__	
27.	UND FLR PLUMBING	__/__/__	
28.	TOPOUT PLUMBING	__/__/__	
29.	SHOWER PAN	__/__/__	
30.	GAS PIPE	__/__/__	
32.	INT GAS TEST	__/__/__	
31.	EXT GAS TEST	__/__/__	
34.	WATER HEATER	__/__/__	
35.	GND ELECTRODE	__/__/__	
201.	ELECTRIC METER	__/__/__	
36.	TYPE	__/__/__	
37.	UND GROUND ELECT	__/__/__	
38.	GFI/ARC FAULT	__/__/__	
39.	ROUGH ELECT	__/__/__	
40.	MAIN PANEL	__/__/__	
41.	SUB PANEL	__/__/__	
42.	UND FLR DUCTS	__/__/__	
43.	DUCTWORK	__/__/__	
44.	GAS FLUES	__/__/__	
45.	DIRECT VENTS	__/__/__	
46.	CHIMNEYS	__/__/__	
50.	HEAT STOVE/FP	__/__/__	
51.	TYPE	__/__/__	
52.	HVAC-UNIT	2/6/12	DEM
53.	A/C UNIT	__/__/__	
57.	SOLAR	__/__/__	
61.	WALL INSULATION	__/__/__	
62.	CEIL INSULATION	__/__/__	
63.	INSUL-BLOWN	__/__/__	
67.	TEMPORARY POWER	__/__/__	
68.	PERMANENT POWER	__/__/__	
69.	GAS SER LP/NAT	__/__/__	
72.	ROUGH GRADE	__/__/__	
77.	TRENCH/BEDDING	__/__/__	
300.	ENERGY FORMS	2/6/12	DEM
216.	FIRE SPRINKLERS	__/__/__	
102.	PERMIT FINAL	2/6/12	DEM

FOR BUILDING PERMITS

ROLE OF THE PROPERTY OWNER: The owner of the property is responsible for the completeness of the plans and conformance to construction code standards. A Contractor is an agent for the property owner and, as such, has the authority to make changes to the project.

ROLE OF THE BUILDING SERVICES: The plan review and inspection process of Building Services is designed to achieve substantial compliance with the California Building Code. This code is a minimum construction standard.

GENERAL INFORMATION: Issuance of a permit or prior inspection approval based on plans and/or other submitted data does not preclude the Building Official from requiring the correction of errors that may be contained in the California Building Standards Codes.

PERMIT#: 203320

ADDITIONAL REMARKS:

2-6-12 Final

Building Safety Division
http://www.edcgov.us/building/

FAX TO: 530-626-8869

"FIP" APPLICATION (PART 1)

Office use only: 203320
Application Number
Date: 8/30/11 Rec'd by: DG
Receipt Number: 155712
Fee Amount: 134.42
Call (530) 621-5377 for Inspections

Assessors Parcel Number: 082-082-07-100
Property Location or Site Address: 3591 FAIRWAY DRIVE
Property Owner's Name: JUDY GRAHAM Phone: 5306726396
Mailing Address: 3591 FAIRWAY DRIVE
City: CAMERON PARK State: CA Zip: 95682
Utility Info: ___ Public Sewer / ___ Septic: ___EID / ___Well
Company Name: Gilmore Heating and Air Phone: 530 6263621
Company ID#: 1989974
Applicant Name: Gilmore Heating and Air Return Fax: 530 6263766

O Mechanical: ___ furnace, ___ ducts, ___ AC, [✓] HVAC O Electrical: ___service change, ___ repairs, ___ new circuits
O Plumbing: [ ] gas line, [ ] LP tank, ___water service, ___ water heater O Re-roof: describe scope of work below.

Description of work to be performed:
HVAC SPLIT SYSTEM CHANGE OUT SAME FOR SAME

Contract price of job: $10674

DECLARATION BY CALIFORNIA LICENSED CONTRACTOR / CONSTRUCTION PERMIT APPLICANT

I am (__) a California licensed contractor / [✓] authorized to act on the contractor's behalf (signature authorization form submitted).

- I have read this construction permit application and the information I have provided is correct.
- I agree to comply with all applicable city and county ordinances and state laws relating to building construction.
- I authorize representatives of this county to enter the above-identified property for inspection purposes.
- I certify a final inspection will be requested by me upon completion of the project.
- I agree that incomplete applications for permits will not be processed.

RECEIVED
AUG 30 A.M.

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. I also affirm that I have a current and in good standing El Dorado County business license.

Contractor Name: Gilmore Heating and Air Ca. License Class and lic. #: C10 - 559305
County Business Lic# : _____ Expiration Date: _____
X. Contractor / Agent Signature: [signature] Date: 8/30/11 verified: DG

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

WORKERS' COMPENSATION DECLARATION:
I hereby affirm under penalty of perjury one of the following declarations (check only one):

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy# _____

[✓] 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 CYPRESS INS COMP Policy No 3300056340111 Expiration Date 1/1/12
Name of Agent WRAITH, SCARLET & RANDOLPH Phone 530-662-9181

☐ 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.

Please note: all information provided to this department is "public record" and available upon request.

X. Contractor / Authorized Agent signature: [signature] Date: 8/30/11 Verified: DG

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Building Safety Division
http://www.edcgov.us/building/

FAX TO: (530) 626-8869

'FIP" Information Required (Part 3)
"Checklist"

Fax To: _____
Fax Number (___)___ ___
Date: _____
Application #: 203320

Assessors Parcel Number: 082-082-07-100

Site Address: 3591 FAIRWAY DRIVE

Attention: All Contractors enrolled in the Faxed in Permit Program (FIP):
The following will be required to be complete and accurate in order to process your permit:

Always Required:

- ☑ **Adequate funds in FIP Account (minimum $200.00 balance).**
- ☑ **Current El Dorado County Business License**
- ☑ **FIP Application (Part 1):** Site information, scope of work, declarations.
- ☑ **FIP Application Supplement (Part 2):** Deed restriction, permittee's acceptance, driving directions.
- ☑ **FIP Information Requirements (Part 3):** Checklist

***When Applicable:* The following forms/supplements are required to be considered a complete application submittal:**

- ☐ **Re-roof:** Cool roof CF-1R (http://www.energy.ca.gov/title24/2008standards/residential) or County form (Part 9).
- ☑ **HVAC:** CF-1R-ALT-HVAC, the **one page** form completed and signed for any heating and air conditioning change outs. (The **5pg.** CF1R-ALT form is **NOT** accepted for the FIP program).
- ☐ **Water Heater:** CF-1R-ALT-DHW-Heater, for all water heater change outs.
- ☐ **Plot Plan / Gas Schematic** (supplement 4), for any new or change to LP tank location, gas lines, or appliances:
  - **Plot Plan:** Indicate distances from property lines, roads, easements, and all structures to LP tank.
  - **Gas Line Schematic:** Indicate any existing pipes and new pipes, pipe size and length from branch to branch, include any regulators, and from source (LP tank or meter).
  - **Show ALL appliances:** (indicate the BTU's or CFH's.)
- ☐ ***CSD Approval:***
  - El Dorado Hills Community Services District (916) 933-6624
  - Cameron Park Community Services District (530) 677-2231
- ☐ **OTHER:**

_____

_____

**** Incomplete applications will not be accepted. You will be required to resubmit with ALL documents or appear in person to apply. ****

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Building Safety Division

http://www.edcgov.us/building/

FAX TO: 530-626-8869

"FIP" APPLICATION SUPPLEMENT (PART 2)

Assessor's Parcel Number: 082-082-07-100 **Application Number:** 203320

Address: 3591 FAIRWAY DRIVE

DEED RESTRICTION CERTIFICATION

The undersigned declares that he/she has read and understands the deed restrictions/CC&Rs applicable to the subject property, and that the improvement herein applied for does not violate any such restrictions. I also certify that I have submitted plans to the Architectural Control Committee (ACC) or to the local homeowners association, where required by said CC&Rs or deed restrictions, and have obtained approval for said improvement.

This declaration is required by the El Dorado County Code, Title 15.16.120 section 303 (a) 3 to verify that all property restrictions have been acknowledged prior to the issuance of a permit.

In requiring this document, the County assumes no responsibility for verifying the owner's compliance, nor does the County assume any responsibility for enforcement of any private deed restrictions.

PERMITTEE'S ACCEPTANCE

I have read the application and any conditions of approval and understand and accept them. I understand that I am responsible for compliance with all the conditions of the permit process. I understand that certain permit fees associated with this permit are non-refundable once paid to El Dorado County and any refunded fee is returned to owner of the property. I understand that any required approvals from other agencies that may have jurisdiction over this project, will delay the issuance of the permit, and is my responsibility to obtain said approval.

Permits expire after two years (three years in the Tahoe Basin) from the issued date. Failure to obtain the final inspection before the expiration date will cause my removal from the "FIP" program.

I understand that incomplete applications will not be accepted.

X. Contractor / Authorized Agent Signature: Date: 8/30/11

DRIVING DIRECTIONS

This information helps the inspectors locate your job site easily, avoiding lost time searching or having to leave and return for a scheduled inspection on another day. **Re-inspection fees will be charged** to return to sites that were not clearly identified and unable to find.

Driving directions to job site, Address: 3591 FAIRWAY DRIVE

Access Information: ____ locked gate _____ combination/gate code, _____ 4wd required, _____ dogs, ____ limited access, _____ water crossing, additional info: _____

- Generally start at Hwy 50, use north, south directions then left / right on *street names:*
  HWY 50 W, EXIT CAMERON PARK DRIVE, TURN RIGHT, LEFT ONTO EL DORADO ROYALE DRIVE, RIGHT ONTO FAIRWAY DRIVE, HOME ON RIGHT

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