

TRANSMISSION VERIFICATION REPORT

TIME : 08/04/2005 15:52
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 08/04 15:51
 FAX NO./NAME 97910444
 DURATION 00:01:03
 PAGE(S) 03
 RESULT OK
 MODE STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514412

TRANSACTION DATE: 08/04/2005
 TRANSACTION AMOUNT: 191.65
 NOTATION:

APD #: **0511661**
 SITE ADDRESS: 2720 S ST SAC
 PARCEL: 010-0052-026

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		191.65

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.75	.00	3.75
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-818-264-8668 OR 1-866-EZ-PERMIT
Inspection: 1-818-808-4677

Downtown Permit Center 1-916-264-8607
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-816-908-2354
2401 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

PAID

CITY OF SACRAMENTO
CITY OF SACRAMENTO
AUG 6 4 2005
AREA 1

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day. Contractors must have a current certificate of workers compensation insurance. Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring plan review are not eligible for FAXBACK

NEIGHBORHOODS, PLANNING
& DEVELOPMENT SERVICES

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

Credit Card Information on File? Yes No

Residential Apartments (4+ units per building) Commercial (limited)

Unit #

Contract Price \$ 9,380.00

Contact Phone: 791-0408

Contractor: Tim Jones Roofing #522588

Property Owner: Nisey Valenzuela

Address: 5300 Capital St, Yuba City, CA 95916

City/State/Zip: SAC CA 95817

Phone: 680-7150

Description of Work: Remove 2 roofs, re-sheath, re-roof with Voyc Comp

Nature of Work: (Provide detailed description of work & indicate type of work in sections below)

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Reshield <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 1-2 story # Squares: 200 Material: Comp. <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	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input 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: \$	<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)	<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
---	---	---	---	---

*Design Review approval may be required.

*Design Review approval may be required.

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

FAXED
AUG 04 2005
BY:

PBF10002 APN 010-0082-026