

TRANSMISSION VERIFICATION REPORT

TIME : 05/23/2006 08:47
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085655
 SER.# : BROH4J832840

DATE, TIME : 05/23 08:46
 FAX NO./NAME : 96865293
 DURATION : 00:00:56
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 MAY 23 2006
 DOWNTOWN PERMIT CENTER** *LMC*

RECEIPT NUMBER: R0609222
 TRANSACTION DATE: 05/23/2006
 TRANSACTION AMOUNT: 189.92
 NOTATION:

**PAID
 CITY OF SACRAMENTO
 MAY 23 2006
 NEW CITY HALL**

APD #: 0607352
 SITE ADDRESS: 4913 HELEN WY SAC
 PARCEL: 018-0162-025
 TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: ISSUED

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	189.92

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	3.20	.00	3.20
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

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:

fax back

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL-limited)



Fax # (916) 264-1901

Inspection Request # (916) 264-7522

Credit Card Info on File? Yes No

Job Address: 4413 Hillin Wy.	Unit #
Parcel Number:	Contract Price \$ 900
CONTACT PERSON: Onyiah Masters	CONTACT PHONE: 916 685-4616
Property Owner: Angie Straub	Contractor: Bill Bros. Heating & Air. License # 726129
Address: 4413 Hillin Wy.	Address: 915 Survey Rd.
City/State/Zip: Sacramento, CA 95822	City/State/Zip: Elk Grove, CA 95624
Phone: 916 451-9819	Phone: 916 685-4616
	FAX: 916 686-5293

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

Description of Work:

HVAC replacement

0507302

<input type="checkbox"/> REROOF (excluding tiles) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ # Stories Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS Residential ONLY <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Heat Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Floor mount <input type="checkbox"/> Out-to <input type="checkbox"/> Heat pump or elec. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace heat <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	Residential ONLY <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Re-pipe <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"/> Roofing <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> Etc. * Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMOKE <input type="checkbox"/> PG&E	Residential ONLY 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-pump <input type="checkbox"/> Water <input type="checkbox"/> Waste
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* Design Review approval may be required.

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