

TRANSMISSION VERIFICATION REPORT

TIME : 04/12/2006 15:51
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BRDH4J832840

DATE, TIME : 04/12 15:48
 FAX NO./NAME : 99208409
 DURATION : 00:02:55
 PAGE(S) : 05
 RESULT : OK
 MODE : STANDARD

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0606484

TRANSACTION DATE: 04/12/2006
 TRANSACTION AMOUNT: 192.76
 NOTATION:

PAID
 CITY OF SACRAMENTO
 APR 12 2006
 NEW CITY HALL

ISSUED
 CITY OF SACRAMENTO
 APR 12 2006 *UMC*
 DOWNTOWN PERMIT
 CENTER

APD #: 0604883

SITE ADDRESS: 75 GOODWIN CR SAC
 PARCEL: 117-0612-001

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	192.76

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	4.27	.00	4.27
213	General Plan Surcharge	1760	6.49	.00	6.49
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento

Apr. 11 2006 08:52AM P1/4



KBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received before 3:00 p.m. will be processed the following work day.
Contractors must present certificate of Worker's Compensation Insurance.
Work started building Permit is issued will be subject to quad fees.

PAID
CITY OF SACRAMENTO
APR 12 2006
NEW CITY HALL

Permitting plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information

MUST be provided:

Fax back

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL

Job ass: 75 GOODWIN CIRCLE Unit: 1

Contract Price \$: 10,685.21

TACT PHONE: EARL COX

Contractor: KLEEN AIR License # 4

Party Owner: JAMES SANDELLUS

Address: 75 GOODWIN CIRCLE

City/State/Zip: SACRAMENTO, CA 95823

Phone: 916-393-2657

City/State/Zip: SACRAMENTO, CA 95816

FAX: 916-922-3995

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

Description of Work: Change out split system USE1

REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE HOUSE # SQUARES: 1 2 3+ # Stor: 1 2 3+ Material:	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CH <input type="checkbox"/> Heat Pu <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split sys <input type="checkbox"/> Roof mc <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat permit to gas. <input type="checkbox"/> Wall fur <input type="checkbox"/> Fireplac <input type="checkbox"/> Other (CV) Value of duct work: Equipment: \$ Cut-in: \$ * Design Review approval reqd.	(Residential ONLY) <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 TERMITES 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"/> 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.	(Residential) MINOR ELECTRICAL <input type="checkbox"/> Electric S <input type="checkbox"/> New Electric <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacer <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas I <input type="checkbox"/> Re-f <input type="checkbox"/>
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* Design Review approval may be required.

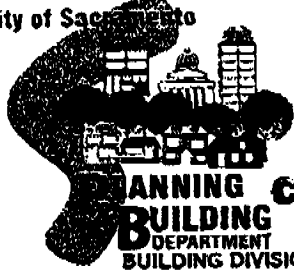
WR Faxback Permit

FROM : KLEENAIR

FRX NO. : 928 8409

City of Sacramento

Building Permit



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

ISSUED*****

PAID

Permit No: _____
Date Issued: _____
Total Amount: _____
Insp Area #: _____

CITY OF SACRAMENTO

APR 12 2006

LMC

DOWNTOWN PERMIT CENTER

PLANNING CITY OF SACRAMENTO
BUILDING DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

APR 12 2006

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

Inspection Request # (916) 264-7622

Site Address: NEW CITY HALL
75 GOODWIN CIRCLE - SACRAMENTO 95823

Nature of Work: Change out spout system in closet

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. 4-19-06 Date 4-11-06 Signature Earl Cox
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 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 abovementioned property for inspection purposes.

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 11664742-2005 Expiration Date 10/06

(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 4-11-06 Applicant Signature Earl Cox

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.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (Page 2 of 5) **CF-1R**

FENESTRATION PROJECT - Sandelius Date 4-11-2006

FENESTRATION MAXIMUM ALLOWED AREA WORKSHEET WS-4R - must be included for New Construction, Additions and Alterations.

Fenestration #/Type/Pos. (Front, Left, Rear, Right, Skylight)	Orientation, N, S, E, W ¹	Area (ft ²)	U-factor ²	U-factor Source ³	SHGC ⁴	SHGC Source ⁵	Exterior Shading/Overhangs ^{6,7} <input checked="" type="checkbox"/> box if WS-3R is included
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

- 1) Skylights are now included in West-facing fenestration area if the skylights are tilted to the west or tilted in any direction when the pitch is less than 1:12. See §151(f)3C and in Section 3.2.3 of the Residential Manual
- 2) Enter values in this column are either NFRC Rated value or from Standards default Table 116A.
- 3) Indicate source either from NFRC or Table 116A,
- 4) Enter values in this column from NFRC or from Standards Default Table 116B or adjusted SHGC from WS-3R.
- 5) Indicate source either from NFRC or Table 116B.
- 6) Shading Devices are defined in Table 3-3 in the Residential Manual and see WS-3R to calculate Exterior Shading devices.
- 7) See Section 3.2.4 in the Residential Manual.

HEATING SYSTEMS

Furnace	92.5	ATTIC	R-4	PROG	SPLIT

Cooling Equipment Type and Capacity (A/C, heat pump, evap. cooling)	Minimum Efficiency (SEER or EER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
A/C	15 / 13	ATTIC	R-4	PROG	SPLIT

CERTIFICATE OF COMPLIANCE: RESIDENTIAL		(Page 1 of 5)	CF-1R
Project Title James Sandelius	Date 4-11-2006	Building Permit #	
Project Address 75 GOODWIN CIRCLE SACRAMENTO, CA 95823		Plan Check / Date	
Documentation Author EARL COX	Telephone 916-922-3995	Field Check / Date	
Compliance Method (Prescriptive) PRESCRIPTIVE	Climate Zone	Enforcement Agency Use Only	

Alternative Component Package Method: (check one) C D D (Alternative)
 * Package C and Package D choices require HERS rater field verification and/or diagnostic testing (see CF-1R page 3)
 For Package D Alternative see Appendix B Table 151-C Footnotes 7-14

GENERAL INFORMATION

Total Conditioned Floor Area (CFA) 1220 ft²
 Average Ceiling Height: 8 ft
 Maximum Allowed West Facing Fenestration Products Per Table 151-B or 151-C ---- (5% X CFA) _____ ft²
 Maximum Allowed Total Fenestration Products Per Table 151-B or 151-C ---- (20% X CFA) _____ ft²
 Building Type: (check one or more) Single Family Multifamily Addition Alteration
 Number of Stories: 1 Number of Dwelling Units: 1
 Floor Construction Type: Slab/Raised Floor (circle one or both)
 Front Orientation: E North / South / East / West / All Orientations (input front orientation in degrees from True North and circle one).
 RADIANT BARRIER (required in climate zones 2, 4, 8-15)

OPAQUE SURFACES INCLUDING OPAQUE DOORS

Component Type (Wall, Roof, Floor, Slab Edge, Doors)	Frame Type (Wood or Metal)	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly U-factor (for wood, metal frame and mass assemblies) ¹	Joint Appendix IV Reference	Roof Radiant Barrier Installed Yes or No	Location Comments (attic, garage, typical, etc.)
				N/A			

1) See Joint Appendix IV in Section IV.2, IV.3 and IV.4, which is the basis for the U-factor criterion. U-factors can not exceed prescriptive value to show equivalence to R-values.