

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0600076
Insp Area: 4
Thos Bros: 277F7

Site Address: 2340 AMERICAN AV SAC
Parcel No: 274-0161-001

PAID Sub-Type: RES
CITY OF SACRAMENTO (Y/N): N

JAN 05 2008 ARCHITECT

NEW CITY HALL

CONTRACTOR
NEW CENTURY AIR
3129 FITE CIR #130
SACRAMENTO CA 95827

OWNER
HURDLE LEE E
2340 AMERICAN AV
SACRAMENTO, CA 95833

Nature of Work: PAPERLESS, NEW HVAC SPLIT SYSTEM CUT IN, SMOKE DETECTORS ARE REQUIRED PER 2001 CBC COMPLIANCE DOCUMENTS
ARE DUE AT FINAL

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 CU License Number 718740 Date 1/5/5 Contractor 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 8 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.

Date 1/5/5 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 1616422 Exp Date 01/01/2007

(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 these provisions.

Date 1/5/5 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.

0600076

INSTALLATION CERTIFICATE

2340 AMERICAN AVE

Sacramento CA 95833

06-00076

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

HVAC SYSTEMS:

Heating Equipment

Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	TRANE	1	80.00 AFUE	ATTIC	R6	0	60000
Split Sys	TRANE 120804424 TUD060C924		0 HSPF				
G/E	0						

Cooling Equipment

Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	TRANE	1	13.00 SEER	ATTIC	R6	0	22800
Split Sys	2TTR3024		11.2 EER				
G/E	0						
	TRANE						
Coil	TXC031S3						
	0						

1. > symbol reads greater than or equal to what is indicated on the CF-1R value. Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

TRANE 1-10-06
Signature, Date

New-Century Air Systems
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

INSTALLER COMPLIANCE STATEMENT

The building was: Tested at Final Tested at Rough-in

INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1 Enter Tested Leakage Flow in CFM:		25	
2 Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		800	
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [25 (Line # 1) / 800 (Line # 2)]]		3.1%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4 Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.			
5 Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.			
6 Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)			
7 Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)			
8 Entire New Duct System - Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in [100 x [(Line # 5) / Line # 2]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9 Pass if Leakage Percentage < 15% [100 x [(Line # 5) / (Line # 2)]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10 Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11 Pass if Leakage Reduction Percentage > 60% [100 x [(Line # 6) / (Line # 4)]] and Verification by Smoke Test and Visual Inspection			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12 Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards.

[Signature]

1-10-06
Date

New-Century Air Systems
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name)

Site Address

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.		
		Yes is a pass	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

Standard Charge Measurement Procedure (outdoor air dry-bulb 55°F and above):

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		F
Evaporator saturation temperature (Tevaporator, sat)		F
Suction line temperature (Tsuction, db)		F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db - Tevaporator, sat		F
Target Superheat (from Table RD-2)		F
Actual Superheat - Target Superheat (System passes if between -5 and +5°F)		F

Temperature Split Method Calculations for Adequate Airflow

Split Method Calculation is not necessary if Adequate Airflow credit is taken

Actual Temperature Split = T return, db - Tsupply, db		F
Target Temperature Split (from Table RD3)		F
Actual Temperature Split - Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		F

2340 AMERICAN AVE

Sacramento CA 95833

06-00076

Site Address

Permit Number

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
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Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 oF or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer's Standard liquid line length:		ft
Difference (Actual - Standard):		ft
Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces (+ = add) (- = remove)		

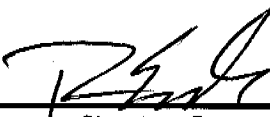
Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

Calculated Airflow: Cooling Capacity (Btu/hr) _____ X 0.033 (cfm/Btu-hr) = _____ CFM
Measured Airflow is _____ CFM (Measured airflow must be greater than the calculated airflow).

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
--------------------------	--------------------------	-----	--------------------------	----	---------------



Signature, Date

New-Century Air Systems

Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Rater (if applicable)
Building Owner at Occupancy

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

2340 AMERICAN AVE	Sacramento CA 95833	New-Century Air Systems
Project Address	916-362-2822	Builder Name 50003
Dave, April or Joe	Telephone	Plan Number 510A
Builder Contact	916-342-2630	Sample Group Number 1082
Brian Sipp	Telephone	Sample House Number
HERS Rater	Telephone	
<i>[Signature]</i>	Date	
Certifying Signature		

Firm: Energy Analysis and Comfort Solutions Inc. HERS Provider: CalCerts

Street Address: P. O. Box 2233 City/State/Zip: Orangevale, CA 95662

Copies to: Builder, HERS Provider and Building Department

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

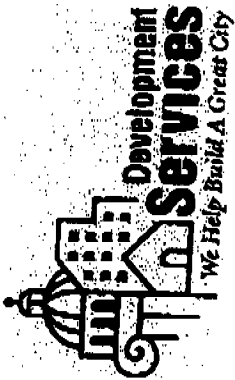
- The installer has provided a copy of CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

Duct Diagnostic Leakage Testing Results

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1	Enter Tested Leakage Flow in CFM		
2	Fan Flow: Calculated (Nominal: Cooling Heating) or Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [(Line # 1) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [(Line # 4) Minus (Line # 5)] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in [100 x [(Line # 5) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [(Line # 6) / (Line # 2)]]		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [(Line # 7) / (Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage < 60% [100 x [(Line # 6) / (Line # 4)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
and Verification by Smoke Test and Visual Inspection			
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5858 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Archa Blvd., Suite 200
 Sacramento, CA 95834

Fax # 916-264-1901

PAID
 CITY OF SACRAMENTO
 JAN 05 2006
 NEW CITY HOME

MINOR PERMIT APPLICATION

Fastweb request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
 Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

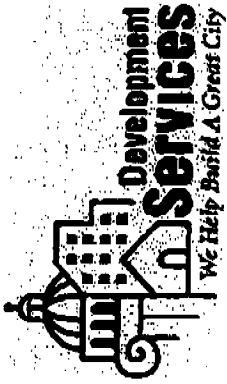
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION **MUST BE PROVIDED**:

Job Address: 2340 American Wy Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: April Espinoza Unit # _____ Contract Price \$ 9780
 Property Owner: Lee Hurdle Phone #: 916-362-2822 Email: April@NewCenturyAir.com
 Address: 2340 American Wy Contractor: New Century Air Systems License #: 718740
 City/State/Zip: Sacramento, CA Address: 3129 Eite Cir J #130 City/State/Zip: Sacramento CA 95827
 Phone: 916-925-2180 Phone: 916-362-2822 Fax: 916-362-9011
 Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: HVAC & CUT IN

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> Hoops <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <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 checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input checked="" type="checkbox"/> Cut-in 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"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Sunds <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or 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 * NOTE Correction Notice items will require an additional building permit.
Office Use Only: Parcel #: <u>274-0161-001</u> Date Received: <u>1-4-2006</u> Date Issued: _____ <small>Minor permits form - M72015</small>	Processor's Initials: _____			Permit #: _____

000076 Area



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5858 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7822

PAID

CITY OF SACRAMENTO
JAN 05 2006
NEW CITY HALL

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 1/3/06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 2340 American Wy Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

CONTACT INFO Name: April Espinoza Unit # _____ Contract Price: \$9780

Property Owner: Lee Hurdle Phone #: 916-362-2822 Email: April@NewCenturyAir.com

Address: 2340 American Wy Contractor: New Century Air Systems License #: 718740

City/State/Zip: Sacramento, CA Address: 3229 Five Cir J #130 City/State/Zip: Sacramento CA 95827

Phone: 916-925-2180 Phone: 916-362-2822 Fax: 916-362-9011

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: HVAC: GUT IN

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <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 checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> New <input type="checkbox"/> Change-out <input type="checkbox"/> Split system <input type="checkbox"/> Heat Pump <input type="checkbox"/> Roof mount <input type="checkbox"/> Package <input type="checkbox"/> Cut-in <input checked="" 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"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or 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 * NOTE Correction Notice items will require an additional building permit.
Office Use Only:	Parcel #:	Date Received:	Date Issued:	Permit #:

PAID
CITY OF SACRAMENTO
JAN 05 2006
NEW CITY HALL

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: New Century Air Systems Phone: 362-2822

Project Address: 2340 American Wy

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 1/3/06

For City Staff use only

Counter Staff [Signature]

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

JAN 05 2006

NEW CITY HALL
HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: New Century Air Systems Phone: 362-2822

Project Address: 2340 American Wy

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or buildings will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 1/3/06

For City Staff use only

Counter Staff _____

- In a DR District Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area