



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 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 Arena Blvd., Suite 200
Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name:

Ronald Reafs

Phone:

(916) 359-1229

Project Address:

1220 CHUCKWAGON DR

Phone:

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. [X] There is an existing ground-mounted unit.

[X] 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.

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 building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

a. [X] There is an existing roof-mounted unit.

[X] 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.

PAID
CITY OF SACRAMENTO
AUG 03 2005

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

Applicant's signature:

[Handwritten Signature]

Date:

8/3/05

FOR CITY STAFF USE ONLY

Counter Staff:



In a DR District. Meets DR criteria? [X] Yes [ ] No (route to DR staff)

[ ] In a P area or listed (route to P staff)

[ ] Not in a DR or P area