

TRANSMISSION VERIFICATION REPORT

TIME : 09/26/2005 11:32
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROM4J832840

DATE, TIME 09/26 11:29
FAX NO./NAME 99208409
DURATION 00:03:36
PAGE(S) 07
RESULT OK
MODE STANDARD

Shelley Ann

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

ISSUED
CITY OF SACRAMENTO
SEP 26 2005
**DOWNTOWN PERMIT
CENTER**

COPY 09/26/2005
RECEIPT NUMBER: R0518389
TRANSACTION DATE: 09/26/2005
TRANSACTION AMOUNT: 186.85
NOTATION:

APD #: **0514662**
SITE ADDRESS: 4800 C ST SAC
PARCEL: 004-0201-007
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	186.85

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID
CITY OF SACRAMENTO
SEP 26 2005

City of Sacramento

0514602

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:

808-8370

APARTMENTS (4+ units per building) COMMERCIAL (limited) RESIDENTIAL UNIT #

Job Address: 4800 C STREET
 Parcel Number:
 CONTACT PERSON:
 Property Owner: STEPHANIE ZWALD
 Address: 4800 C STREET
 City/State/Zip: SACRAMENTO, CA 95819
 Phone: 916-802-0505
 Contract Price \$ 4762.00
 CONTACT PHONE: EARL COX
 Contractor: KLEIN AIR
 Address: 1651 SILICA AVENUE
 City/State/Zip: SACRAMENTO, CA 95815
 Phone: 916-922-3995
 License # 481974
 FAX: 980-8408

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

Description of Work: Change out package unit on ROOF

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 2 <input type="checkbox"/> GARAGE 3+ # Stories 1 Material:	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump Package <input checked="" type="checkbox"/> Split system <input checked="" 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(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"/> 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 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-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Kleen Air Phone: 916-922-3995

Project Address: 4800 C STREET - Sacramento 95819

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: Earl Cox Date: 9-20-05

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