

TRANSMISSION VERIFICATION REPORT

TIME : 11/30/2005 14:50
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME 11/30 14:50
 FAX NO./NAME 99200105
 DURATION 00:00:23
 PAGE(S) 01
 RESULT OK
 MODE STANDARD
 ECM

0518777

Bernardenas

CITY OF SACRAMENTO
 CASHIER'S WORKSHEET

RECEIPT NUMBER: R0522893
 TRANSACTION DATE: 11/30/2005
 TRANSACTION AMOUNT: 191.77
 NOTATION:

ISSUED
 CITY OF SACRAMENTO
 NOV 30 2005
 DOWNTOWN PERMIT
 CENTER

APD #: 0518777
 SITE ADDRESS: 2154 LEJANO WY SAC
 PARCEL: 225-0874-001

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	191.77

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	3.57	.00	3.57
207	Strong Motion (SMI)	1600	.89	.00	.89
213	General Plan Surcharge	1760	5.31	.00	5.31

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213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

**PAID
CITY OF SACRAMENTO**

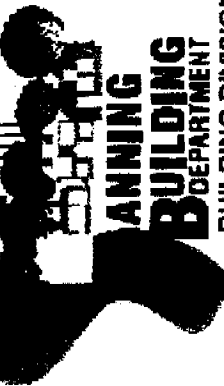
NOV 30 2005

NEW CITY HALL

(certain restrictions apply)

FAXBACK PERMIT APPLICATION

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.



ANNING BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901
Inspection Request # (916) 264-7622

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

Credit Card Info on File? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2154 Leiano Way Sacramento 95833 Unit # _____
 Parcel Number: _____
 CONTACT PERSON: Anthony Bernardino Contract Price \$ 8,925.00
 CONTACT PHONE: (916) 601-5409
 Property Owner: Harold & Lailani Alves Contractor: Anthony Bernardino License #817945
 Address: 1003 Croatia Court Address: P.O. Box 232
 City/State/Zip: Roseville, CA 95661 City/State/Zip: Citrus Heights, CA 95611
 Phone: 783-9269 Phone#: (916) 920-0100 FAX: (916) 920-0105

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

Description of Work: Wood shake conversion to composition shingles; tear-off; install 1/2" OSB board; 30# felt

<p><input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEE <input checked="" type="checkbox"/> HOUSE 26 # SQUARES <input checked="" type="checkbox"/> GARAGE # Stories 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Material: Composition shingles</p>	<p>RESIDENTIAL ONLY <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-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.</p>	<p>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"/> Mud/Sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMOG <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.</p>	<p>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</p>
<p>* Design Review approval may be required.</p>			

UR Exact Permi. issued 12/28/01

