

TRANSMISSION VERIFICATION REPORT

TIME : 12/01/2005 10:49
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

12/01 10:47
 917074475685
 00:01:30
 03
 OK
 STANDARD

0518824

*for Cal
 (vacaville)*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO**

NOV 01 2005

**DOWNTOWN PERMIT
 CENTER**

COPY* 12/01/2005

RECEIPT NUMBER: R0522975

TRANSACTION DATE: 12/01/2005
 TRANSACTION AMOUNT: 192.75
 NOTATION:

APD #: **0518824**
 SITE ADDRESS: 756 MELANIE WY SAC
 PARCEL: 031-0603-004

Mixed Income Housing
 Fee Program
 ??

TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	192.75

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	3.88	.00	3.88
207	Strong Motion (SMI)	1600	.97	.00	.97
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

10/21/2005 15:43 9160005543

CITY OF SACRAMENTO

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BLDG DEPT
 PLANNING BUILDING DEPARTMENT
 BUILDING DIVISION
 Fax # (916) 264-1901
 Inspection Request # (916) 264-1932
 Credit Card Info on File? Yes No

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)
 used 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:

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

Job Address: 756 Melrose Way
 Permit Number: RA106
 CONTACT PERSON: RA106
 Property Owner: Melissa Embeck
 Address: 756 Melrose Embeck
 City/State: Sacramento, CA
 Phone: 916 921-9992
 CONTRACTOR: Ben Gilman's Roofing, License # 753401
 Address: 875 Collier Ln.
 City/State: Sacramento, CA
 Phone: 916 442-5655
 FAX: 916 442-5655

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

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> REHEAT <input type="checkbox"/> GARAGE # Slopes: 3 # Squares: 2 Material: Ply shek Leaky comp.	<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"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or ext. unit to pan.	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Repairs <input type="checkbox"/> New	<input type="checkbox"/> BRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flashing/Leak <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Masonry/Stack <input type="checkbox"/> Gutter
<input type="checkbox"/> SHINGLES <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Shalcoo	<input type="checkbox"/> Dry Rot or Termite Damage <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"/> Wells	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Repairs <input type="checkbox"/> New	<input type="checkbox"/> BRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flashing/Leak <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Masonry/Stack <input type="checkbox"/> Gutter

Value of work: \$
 Equipment: \$
 Cat. #: \$

* Design Review approval may be required.

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* NOTE: Connection Node Means will require an additional building permit.

HPI Faxback Permit updated 12/2004

031-0603-004