

#0502536

### HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: EVCO Heating + A/C Phone: 988-8681

Project Address: 1561 Harris Ave Sacto, CA 95638

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: 2-23-05

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

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0802536  
 CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DIVISION  
 FAXED PERMIT APPLICATION (certain restrictions apply)  
 Fax # 916-264-1901

Permit request must be received in this office by 3:00 p.m. to be processed the following work day.  
 Note: 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 penalty fee.

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

JOB ADDRESS: 1501 HARRIS AVE      UNIT # \_\_\_\_\_      ⇒ CONTACT PRICE \$ 4200.-  
 ⇒ CONTACT PERSON: Evan Rowlands      ⇒ CONTACT PHONE: 916/988-8108/1

Property Owner: Tim Rinker      Contractor: Evco Heating & Air License # 713447  
 Address: 1501 Harris Ave      Address: 8803 Greenback Ln. #330  
 City/State/Zip: Sacramento, CA 951038      City/State/Zip: Orangevale CA 95662  
 Phone: 916/717-2786      Phone: 916/988-8108/1      FAX: 916/988-85105

NATURE OF REQUEST: \_\_\_\_\_ Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE GARAGE <u># of STAIRS</u> _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump Package <input type="checkbox"/> Split system <input type="checkbox"/> Split/cond mount <input type="checkbox"/> Coil-in <input 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: \$ _____ Coil-in: \$ _____	<input type="checkbox"/> WATER HEATER (residential ONLY) <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"/> MINOR ELECTRIC and/or MINOR 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"/> PGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> DT-111 <input type="checkbox"/> Hardz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> DRY ROT OR TERRANT DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	DESCRIPTION OF WORK: _____		