



**PAID**  
CITY OF SACRAMENTO

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7676  
 NEW CITY HALL  
 JAN 03 2006

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: 3 Jan 06

*Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.*

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM  
 Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 2237 Fernley Ave Bid Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

CONTACT INFO Name: Philip Ax Unit # 1600 Contract Price 1600.

Property Owner: Lev. Ax Phone #: 916 564 1109 Email: Judgepay@yahoo.com License #:

Address: 2237 Fernley Ave Contractor: NA

City/State/Zip: Sacramento CA 95815 City/State/Zip: \_\_\_\_\_

Phone: 916 564 1109 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Work: Provide description of work & indicate type of work in selections below.

Pre-Registered?	YES	NO	Registration #	
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Description of Work: Change Packaged Rooftop Heat/AC

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input 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"/> Other (describe below) Value of duct work: <u>1600.</u> Equipment: \$ _____ Out-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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 Termitte <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior
<b>Office Use Only:</b> Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____	<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"/> PG&E * NOTE * Correction Notice items will require an additional building permit.

188.8



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Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

North Permit Center  
1011 Arena Blvd., Suite 200  
Sacramento, CA 95834

PAID  
CITY OF SACRAMENTO

JAN 03 2006

NEW CITY HALL

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: Philip Ax Phone: 916 564 1109  
Project Address: 2237 Fernley Ave 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.  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 building 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: Lee Philip Ax Date: 3 Jan 06

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 a DR or P area