

TRANSMISSION VERIFICATION REPORT

TIME : 10/26/2006 15:24
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	10/26 15:23
FAX NO./NAME	918153560663
DURATION	00:00:49
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

*Plumb
Volume*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 10/26/2006
 RECEIPT NUMBER: R0619898
 TRANSACTION DATE: 10/26/2006
 TRANSACTION AMOUNT: 78.79
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 OCT 29 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: 0616804
 SITE ADDRESS: 6845 HAVENHURST DR SAC
 PARCEL: 029-0373-007

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

Mixed Income Housing
 Fee Program
 ??

[Handwritten signature]

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	78.79

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.20	.00	.20
213	General Plan Surcharge	1760	.59	.00	.59
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

www.cityofsacramento.org

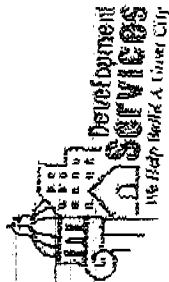
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspector: 1-916-808-7622

Fax # 916-808-1901

Downtown Permit Center, New City Hall
915 Street, 3rd Floor, Sacramento, CA 95814

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

Fax # 916-808-8370



0616804

Activity # _____

FAXED PERMIT APPLICATION

(certain restrictions apply)

Date: 10/26/06

Faxed request must be received in this office by 3:00 P.M. to be processed the following working 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 red fee.

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Unit # _____ Contract Price \$ 500.00

Job Address: 6845 Havenhurst Dr.

Contact Person: Keith Einhorn

Property Owner: Elton Luyke

Address: 6845 Havenhurst Dr.

City/State/Zip: Sacramento, Ca 95831

Phone: 916-391-4500

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

Description of Work: Replace hot water heater, 40 gal gas

Contact Phone: 916-293-3031 x 1042

Contractor: Plumb-in-Time License # 818068

Address: 360 Memorial Drive #1140

City/State/Zip: Crystal Lake, IL 60014

Phone: 815-293-3031 x 1042 Fax: 815-293-3063

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshelf <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 * Design Review approval may be required	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input 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: _____ Equipment: \$ _____ Chimney: \$ _____ * Design Review approval may be required	<input checked="" 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"/> Dry Rot or Termites Damage Repair (Describe Locations Below) * Design Review approval may be required	<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-p/limb <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.
--	---	---	--	--

Plumb-In-Time, Plumbing Services
360 Memorial Drive, Crystal Lake, IL 60014

Ph: (866) 293-3031

Fx: (815) 356-0663

FAX

ATT: Bldg Dept. / Permits FROM: Keith / Plumb-in-Time

FAX: 916.868.1901

DATE: 10/26/06

PAGES (NOT INCLUDING COVER) 2

COMMENTS: