

TRANSMISSION VERIFICATION REPORT

TIME : 09/23/2005 08:40  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 09/23 08:37  
FAX NO./NAME 94523439  
DURATION 00:02:45  
PAGE(S) 04  
RESULT OK  
MODE STANDARD

*Garich*

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0518245  
TRANSACTION DATE: 09/23/2005  
TRANSACTION AMOUNT: 187.93  
NOTATION:

**ISSUED  
CITY OF SACRAMENTO  
SEP 22 2005  
DOWNTOWN BUSINESS  
CENTERS**

*George*

APD #: **0514814**  
SITE ADDRESS: 944 Q ST SAC  
PARCEL: 006-0340-026

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

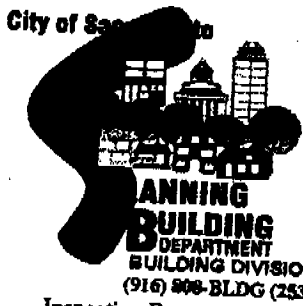
Mixed Income Housing  
Fee Program  
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	187.93

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			



Inspection Request # (916) 264-7622

Building Permit

*Seary*

\*\*\*\*\* Office Use Only \*\*\*\*\* **ISSUED** \*\*\*\*\*  
 Permit No: 0514814 **CITY OF SACRAMENTO**  
 Date Issued: \_\_\_\_\_  
 Total Amount: 187.93  
 Insp Area #: 1 **DOWNTOWN PERMIT CENTER**  
 \*\*\*\*\* Please Fill in the Following \*\*\*\*\*

Site Address: 944 Q SE. SAC. CA 95814  
 Nature of Work: HVAC change out like for like.

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).  
 Lender's Name: \_\_\_\_\_  
 Lender's Address: N/A

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.  
 License Class C-10/20 License Number 582046 Date 9/21/05 Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00):

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)  
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).  
 I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.  
 Date 9/20/05 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:  
 I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.  
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:  
 Carrier State Comp. Fund  
 Policy Number 7138320-02 Expiration Date 10-01-05

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.  
 Date 9/21/05 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

Attn: Mark

808 5926

### HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Marion Wright Phone: (916) 452-2477

Project Address: 944 Q ST Sac, Ca 95814

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.
  - 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.
  - 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: Marion T. Wright Date: 9/21/05

For City Staff use only

Counter Staff: MES

- 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



CITY OF SACRAMENTO  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION  
www.cityofsacramento.org

Help Line: 1-916-284-5636 OR 1-866-EZ-PERMIT  
Inspection: 1-916-908-4677



Downtown Permit Center 1-916-284-6807  
12311 Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-408-2354  
2101 Arena Blvd, Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

### FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Permitted request must be received in this office by 3:00 P.M. to 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 grand fee.

Permits requiring plan review are not eligible for FAXBACK

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

*R. ST Gardner*

OS14814

Credit Card Information on File?  Yes  No

Job Address: 944 Q St. Sec. A 95814 Unit # 1 Contract Price \$ 5466.69  Commercial (limited)

Contact Person: Warren Wright  Residential  Apartments (4+ units per building)

Property Owner: Don Story Contact Phone: 916-452-2477

Address: 944 Q St. Contractor: Cherck Aircond. Serv.

City/State/Zip: Sacramento, CA 95814 Address: 2122 X Street

Phone: (916) 448-2108 City/State/Zip: Sacramento, CA 95818 Phone: 916-452-6477 Fax 916-452-3439

Description of Work: HVAC change out like Part 11k  
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below)

<input type="checkbox"/> Reroof (exchanging tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Restoet <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"/> Shroco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Flood 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 aect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ <u>1482.00</u> Cut-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"/> Dry Rot or Termitite Damage Repair (Describe Location Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ <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.
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PBF10002