

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

NO.	INSPECTION	INSPECTOR	DATE
110	FOUNDATION FORMS		
111	UPPER GROUND		
112	CONCRETE SLAB FORMS		
140	PLUMB. UNDERFLOOR/SLAB		
130	MECH/UNDERFLOOR/SLAB		
61	ELECT. UNDERGROUND		
62	ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
313	FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED			
14/15	INSULATION/WALL/FLOOR		
P41	TOP PLUMBING		
M31	TOP MECHANICAL/WALL/CEIL.		
E63	ROUGH ELECTRICAL/WALL/CELL.		
B19	FRAME		
B17	ROOF PLYWOOD NAIL COMM. & APTS.		
B18	EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
B22	INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR GYP UNTIL ABOVE HAS BEEN SIGNED			
E66	SERVICE UNDERGRD CONDUIT		
P43	SEWER SERVICE		
P42	WATER SERVICE		
P46	SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
M33	GAS TEST		
P48	TEMP GAS	ISSUED	EXPIRES
E68	POWER POLE		
E67	TEMP. POWER #		
SWIMMING POOL			
P47	GAS TEST		
P51	PLUMBING PRE-GUNITE		
P52	PLUMBING PRE-DECK		
E70	ELECTRICAL PRE-GUNITE		
E71	ELECTRICAL PRE-DECK		
E72	ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED			
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL			
DATE: _____ SIGNED: _____			
FINAL APPROVALS			
B29	BUILDING		
E79	ELECTRICAL		
P59	PLUMBING		
M39	MECHANICAL		

Approved
 [Signature]
 [Signature]

BUILDING SITE ADDRESS: **359 Riverside Way** SUITE _____ INSP. AREA **2R**

ASSESSOR PARCEL NO. **031-0314-023** ADDRESS **95819 739-8606** COMMUNITY PLAN NO. **95819** PHONE NO. **424-5155**

NAME OF APPLICANT: **George Budie H H** LICENSED CONTRACTOR: **George Budie H H** ADDRESS: **922 57th St.** ZIP CODE: **95831** PHONE NO. **424-5155**

PROPERTY OWNER: **Larry Johnson** ARCH. ENG. _____

NO. OF STORIES: _____ NO. OF ROOMS: _____ ROOF COVERING AREA 1ST FLOOR: _____ TOTAL AREA: _____ GARAGE AREA: _____ PATIO AREA: _____ USE ZONE: _____ STREET WIDTH: _____

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: **replace existing split system**

FLOOD STATUS: _____ SPECIAL CONDITIONS ATTACHMENTS: _____

CITY OF SACRAMENTO INSPECTIONS 264-5191

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 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 **Mid Century Ins.**

Carrier: **Mid Century Ins.** Policy Number: **N 0510 11 99**

This section need not be completed if the permit is for one hundred dollars (\$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: **9/28/98** Applicant: **[Signature]**

VALUATION	\$	3700-
ISSUED BY:		SLG
DATE ISSUED		9-24-98
BUILDING PERMIT FEE	\$	
PLAN CHECK/PROC. FEE	\$	
S.M.I. FEE	\$	
CONST. EXCISE TAX	\$	
CITY BUS LICENSE	\$	
TECH FEE	\$	
WATER DEV. FEE	\$	
CITY SEWER DEV. FEE	\$	
REG. SEWER FEE	\$	
RESIDENTIAL CONST. TAX	\$	
TOTAL FEES	\$	77

GEORGE GUDIE
HEATING, AIR CONDITIONING SERVICE, INC.

922 57th Street

Sacramento, CA 95819-3328

(916) 739-8606

February 15, 1999

City of Sacramento
Attn: Permit Department, John Bond Cashier
1231 I Street
Sacramento, CA 95814

Ref: Permit No. 9809607 – Cohen Lawrence

Subj: Refund of permit not used

We did not perform the HVAC work on permit No. 980607 and would like a refund for the permit not used.

Sincerely,


Ron Sampe
Controller

PERMIT SERVICES USE ONLY
PV# 438215



PERMIT NUMBER
(Required)
9209607 R
Attach job copy of permit

CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RM. 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 359 RIVERTREE WAY
DATE OF WRITTEN REQUEST: 2/15/99 DATE REQUEST RECEIVED: 2/18/99
PERMIT FOR: HVAC
REASON FOR REFUND: JOB CANCELLED
CONTRACTOR: GEORGE GUDIG HEAT/AIR OWNER: LAWRENCE E. COHEN
ADDRESS: 922 - 57th ST. ADDRESS: 359 RIVERTREE WAY
CITY/ST/ZIP: SACTO. CA. 95819 CITY/ST/ZIP: SACTO CA. 95831
PHONE: (916) 739-8606 PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID

AMOUNT TO BE REFUNDED

Permit Value	<u>3700⁰⁰</u>	Adj. Value	<u>3700⁰⁰</u>
BPF pd	<u>175⁰⁰</u>	BPF pd	<u>175⁰⁰</u>
PC/PPF pd	<u>0</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>0</u>	SMI pd	<u>0</u>
CBL pd	<u>148</u>	CBL pd	<u>148</u>
Tech pd	<u>700</u>	Tech pd	<u>700</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	(Comm/Res Adman)	<u>(-30.00) 50.00</u>
Total Paid	<u>18348</u>	Total Refund Amount	<u>15548</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Canceled

Supp. Paper Work

Letter Mailed _____

REFUND PROCESSED BY: John L. Bond
REFUND APPROVED BY: David P. Brock

DATE: 3/10/99
DATE: 3-10-99

PLEASE ALLOW 30 DAYS FOR PROCESSING