

1045 Grand  
0500171

# HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

New-Century Air Systems

Applicant's name: April D. Espinoza

Phone: 916.362.2822

Project Address: 1045 Grand av

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. Are you installing a GROUND-MOUNTED UNIT?

Yes (If yes, select either A or B below.)

No (If "no" continue on to item 2 on the back side of this page.)

A.  There is an existing ground-mounted unit. (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

a. 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. (Check the box to the left if it accurately and completely describes your proposed work.)

b. The new unit differs in location from the existing unit. (Check the box to the left if it accurately describes your proposed work and continue on to either a or b below.)

1. The new unit is fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

2. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

A.  There is no unit in the proposed location. (Check the box to the left if this is correct and read a and b below.)

a. The new unit will be fully screened behind a solid fenced area and will not be visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

b. Existing shrubs or buildings will screen the unit from being visible from any street views. (Check the box to the left if it accurately and completely describes your proposed work.)

**2. Are you installing a ROOF-MOUNTED UNIT?**

**Yes** (If "yes", select either A or B below.)

**No** (If "no", see item 1 on the front of this form)

**A.  There is an existing roof-mounted unit.** (Check the box to the left if this is correct and read a and b below. If not, continue on to item B below.)

**a.** 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. (Check the box to the left if it accurately and completely describes your proposed work.)

**b.** 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. (Check the box to the left if it accurately and completely describes your proposed work.)

**B.  There is no existing roof-mounted unit** (Check the box to the left if this is correct and read a below.)

**a.** 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. (Check the box to the left if it accurately and completely describes your proposed work.)

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: \_\_\_\_\_

*C. Huggins*

*1/3/05*

Date: \_\_\_\_\_

For City Staff use only

Counter Staff

*LV*

- 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