

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0517349

Insp Area: 3

Thos Bros:

Sub-Type: RES

Housing (Y/N): N

Site Address: 7842 GRANDSTAFF DR SAC

Parcel No: 117-0240-065

CONTRACTOR  
NEW CENTURY AIR  
3129 FITE CIR #130  
SACRAMENTO CA 95827

OWNER  
NAPPEN RANDY S & NANCY L  
7842 GRANDSTAFF DR  
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: PAPERLESS, HVAC CHANGEOUT (SPLIT SYSTEM) - SMOKE DETECTORS ARE REQ'D PER 2001 CBC COMPLIANCE DOCS ARE DUE AT FINAL

**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 \_\_\_\_\_

**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 C20 License Number 718740 Date 11/1/05 Contractor 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 8 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 Professional 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 work. (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.)

**PAID**  
**CITY OF SACRAMENTO**

NOV 01 2005

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

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

**NEW CITY HALL**

**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 11/1/05 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 FUND Policy Number 1616422 Exp Date 01/01/2006

(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 11/1/05 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.**

0517349

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING** (Page 3 of 8) CF- 4R

<b>7842 GRANDSTAFF DR</b>	<b>SACRAMENTO CA 95823</b>	<b>New-Century Air Systems</b>
Project Address	916-362-2822	Builder Name
April, Dave or Joe	Telephone	50003
Builder Contact	916-698-4185	Plan Number
Max McKinney	Telephone	510A-25
HERS Rater	11-15-05	Sample Group Number
<i>[Signature]</i>	Date	1027
Sample House Number		

Firm: Energy Analysis and Comfort Solutions Inc. HERS Provider: CalCerts

Street Address: P. O. Box 2233 City/State/Zip: Orangevale, CA 95662

Copies to: Builder, HERS Provider and Building Department

**HERS RATER COMPLIANCE STATEMENT**

The house was:  Tested  Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-8R (Installation Certificate).

**THERMOSTATIC EXPANSION VALVE (TXV)**  
 Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.		
		Yes is a pass	Pass Fail

**REFRIGERANT CHARGE MEASUREMENT**  
 Verification for Required Refrigerant Charge and Adequate Airflow for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

**Standard Charge Measurement Procedure (outdoor air dry-bulb 55oF and above):**  
 Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.  
 Note: The system should be installed and charged in accordance with the manufacturer's specifications before starting this procedure.

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Yes  No A copy of CF-8R (Installation Certificate) has been provided with refrigerant charge measurement documented.

7842 GRANDSTAFF DR SACRAMENTO CA 95823  
 Project Address  
 April, Dave or Joe 916-362-2822  
 Builder Contact Telephone  
 Max McKinney 916-698-4185  
 HERS Rater Telephone  
 [Signature] 11-15-05  
 Certifying Signature Date

New-Century Air Systems  
 Builder Name  
 50003  
 Plan Number  
 510A-05  
 Sample Group Number  
 1027  
 Sample House Number

Firm: Energy Analysis and Comfort Solutions Inc. HERS Provider: CalCerts  
 Street Address: P. O. Box 2233 City/State/Zip: Orangevale, CA 95662

Copies to: Builder, HERS Provider and Building Department

**HERS RATER COMPLIANCE STATEMENT**

The house was:  Tested  Approved as part of sample testing, but was not tested  
 As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.  
 The installer has provided a copy of CF-6R (Installation Certificate).  
 New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts)  
 New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.

**Duct Diagnostic Leakage Testing Results**

NEW CONSTRUCTION:		Measured Values	
Duct Pressurization Test Results (CFM @ 25 Pa)			
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: Cooling Heating) or Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:		
3	Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [ (Line # 1) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
4	Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [ (Line # 4) Minus (Line # 5) ] -- (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in [100 x [ (Line # 5) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out</b>			
Use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage < 15% [100 x [ (Line # 5) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage < 10% [100 x [ (Line # 7) / (Line # 2) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage < 60% [100 x [ (Line # 6) / (Line # 4) ]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Contractor Information										
Contractor Name		Address			City		Zip		Phone	Fax
New-Century Air Systems		3129 Fite Cir #130			Sacramento		CA		916-362-2822	916-362-9011
Company Contact		Est Start	Est Complete	Job Number		Permit Number		License #	Company ID #	
April, Dave or Joe		10/31/2005	11/4/2005	251005				718740	50003	
Residential Project Information										
Owner's Name/ Project Title		Address			City		Zip		Phone	Fax/ email
NAPPEN, RANDY & NANCY		7842 GRANDSTAFF DR			SACRAMENTO		95823		916-422-3962	
County		Bid Dept - Permit From		Utility	Sample	Plan #	Group #		House #	
Sacramento		CITY OF SACRAMENTO		SMUD	Y	50003	510A--		1027	
Building Information										
Multi Family	Single Family	Addition-new rm	Alteration-change	# of Dwellings	Front Orientation (N,S,E,W)	Number of Stories	Conditioned Floor Area	Maximum Ceiling Height	Heat Load	Cool Load
	X		X	1	E	1	1208 SF	8'		
				12					New	Old
									R6	R4
Equipment Information										
Package Unit		Gas / Electric	Heat Pump	AFUE	SEER	EER	Heat: BTU Input	Cooling: BTUs	Coil System Mfg	Model #
Split System		X	X	HSPF	EER	EER	80000	29600	TRANE	TE34636
Heat System Mfg		TRANE		Condenser Sys Mfg		TRANE		Model #		Serial #
Model #		TUD080C936		Model #		4TTX4030		Model #		Serial #
Serial #				Serial #				Model #		Serial #

7842 GRANDSTAFF DR

SACRAMENTO CA 95823

0

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

**HVAC SYSTEMS:**

**Heating Equipment**


Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
	TRANE	1	80.00 AFUE	ATTIC	R4	0	80000
Split Sys	TUD080C936		0 HSPF				
G/E	0						

**Cooling Equipment**

Equip Typ (pkg. heat pump)	CEC Certified Mfr. Name, Model and Serial Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> >(CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
	TRANE	1	14.00 SEER	ATTIC	R4	0	29600
Split Sys	4TTX4030		12 EER				
G/E	0						
	TRANE						
Coil	TE34636						
	0						

1. > symbol reads greater than or equal to what is indicated on the CF-1R value.  
Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

 11-10-05  
Signature, Date

**New-Century Air Systems**  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
HERS Rater (if applicable)  
Building Owner at Occupancy

# INSTALLER COMPLIANCE STATEMENT FOR DUCT LEAKAGE

Copies to: Builder, HERS Rater, Building Owner at Occupancy and Building Department

## INSTALLER COMPLIANCE STATEMENT

The building was:  Tested at Final  Tested at Rough-in

### INSTALLER VISUAL INSPECTION AT FINAL CONSTRUCTION STAGE:

- Remove at least one supply and one return register, and verify that the spaces between the register boot and the interior finishing wall are properly sealed.
- If the house rough-in duct leakage test was conducted without an air handler installed, inspect the connection points between the air handler and the supply and return plenums to verify that the connection points are properly sealed.
- Inspect all joints to ensure that no cloth backed rubber adhesive duct tape is used

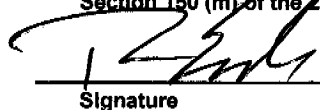
### DUCT LEAKAGE REDUCTION

Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3

#### NEW CONSTRUCTION:

Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values		
1 Enter Tested Leakage Flow in CFM:			
2 Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Heating) or <input type="checkbox"/> Measured If Fan Flow is Calculated as 400 cfm/ton x number of tons or as 21.7 cfm/(kBtu/hr) x Heating Capacity in Thousands of Btu/hr, enter total calculated or measured fan flow in CFM here:	1000		
3 Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in: [100 x [ _____ (Line # 1) / _____ (Line # 2)]]		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
4 Enter Tested Leakage Flow in CFM from Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.			
5 Enter Tested Leakage Flow in CFM from Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.	70		
6 Enter Reduction in Leakage for Altered Duct System [ _____ (Line # 4) Minus _____ (Line # 5)] - (Only if Applicable)			
7 Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)			
8 Entire New Duct System - Pass if Leakage Percentage < 6% for Final or < 4% at Rough-in [100 x [ _____ (Line # 5) / _____ Line # 2]]		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out</b>			
Use one of the following four Test or Verification Standards for compliance:			
9 Pass if Leakage Percentage < 15% [100 x [ <u>70</u> (Line # 5) / <u>1000</u> (Line # 2)]]	7.0%	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
10 Pass if Leakage to Outside Percentage < 10% [100 x [ _____ (Line # 7) / _____ (Line # 2)]]		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
11 Pass if Leakage Reduction Percentage < 60% [100 x [ _____ (Line # 6) / _____ (Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
12 Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Pass if One of Lines # 9 through # 12 pass		<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

I, the undersigned, verify that the above diagnostic test results were performed in conformance with the requirements for compliance credit. I, the undersigned, also certify that the newly installed or retrofit Air-Distribution System Ducts, Plenums and Fans comply with Mandatory requirements specified in Section 150 (m) of the 2005 Building Energy Efficiency Standards.



Signature

11-10-05  
Date

New-Century Air Systems

Installing Subcontractor (Co. Name) OR

7842 GRANDSTAFF DR

SACRAMENTO CA 95823

0

Site Address

Permit Number

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
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Alternate Charge Measurement Procedure (outdoor air dry-bulb below 55 oF)

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 oF or above, installer shall use the Standard Charge Measure Procedure:

Procedures for Determining Refrigerant Charge using the Alternate Method are available in RACM, Appendix RD3.

Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer's Standard liquid line length:		ft
Difference (Actual - Standard):		ft
Manufacturer's correction (ounces per foot) _____ x difference in length = _____ ounces		
(+ = add) (- = remove)		

Measured Airflow Method for Adequate Airflow Verification available in RACM, Appendix RD2.6

Calculated Airflow: Cooling Capacity (Btu/hr)	_____ X 0.033 (cfm/Btu-hr) =	_____ CFM
Measured Airflow is	_____ CFM (Measured airflow must be greater than the calculated airflow).	

Alternate Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	System Passes
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 11-10-05  
 \_\_\_\_\_  
 Signature, Date

**New-Century Air Systems**  
 \_\_\_\_\_  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 HERS Rater (if applicable)  
 Building Owner at Occupancy

DATE:                     

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work 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 grand fee

Not w/in Des. Rev Area



10/3/05  
Faxed. x2  
OS 17349  
Area 3

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 7842 Grandstaff dr UNIT # 1 ⇒ CONTRACT PRICE \$ 7365

⇒ CONTACT PERSON: April Espinoza ⇒ CONTACT PHONE: 3602-2822

Property Owner: Nappen, Randy & Nancy License # F18747  
Address: 7842 Grandstaff dr  
City/State/Zip: Sac, CA 95823  
Phone: 422-3962  
Contractor: New Century Air  
Address: 3129 Fite Cir #130  
City/State/Zip: Sac, CA 95827  
Phone: 3602-2822 FAX: 3602-9011

NATURE OF REQUEST: \* Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # 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 checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<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 TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required for termites.	<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"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: HVAC, Gas split Replacment NOT In DR  
Parcel # 17-0240-065-000