

TRANSMISSION VERIFICATION REPORT

TIME : 08/09/2006 12:34
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 08/09 12:34
 FAX NO./NAME : 96865293
 DURATION : 00:00:30
 PAGE(S) : 02
 RESULT : OK
 MODE : STANDARD
 ECM

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 45*

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 AUG 09 2006
 DOWNTOWN PERMIT
 CENTER**

RECEIPT NUMBER: R0614643

TRANSACTION DATE: 08/09/2006
 TRANSACTION AMOUNT: 187.94
 NOTATION:

APD #: 0612144
 SITE ADDRESS: 4490 MONTRIL WY SAC
 PARCEL: 119-0316-013

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 | 187.94 |

RECEIPT ACCOUNT ITEM LIST

| Class # | Description | Item # | Total Fee | Prev Pymt | Current Pymt |
|---------|--------------------------|--------|-----------|-----------|--------------|
| 200 | Permit--Building-Res | 1100 | 175.00 | .00 | 175.00 |
| 206 | City Business Oper Tax | 1730 | 2.40 | .00 | 2.40 |
| 213 | General Plan Surcharge | 1760 | 3.54 | .00 | 3.54 |
| 259 | Bldg-Technology Surcharg | 1750 | 7.00 | .00 | 7.00 |

City of Sacramento

06/21/44



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will 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 quad fees.

Permits requiring plan review are not eligible for FAXBACK

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

Job Address: 4490 Mortal Way. RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Parcel Number: 4490 Mortal Way.

Contract Price \$ 600

UNIT #

CONTACT PERIOD: Olympia Masters

CONTACT PHONE: 916 685-4616

Property Owner: Gloria Morgan-Williams
Address: 4490 Mortal Way.
City/State/Zip: Sacramento, CA 95823
Phone: 916 421-8678

Contractor: Ed Pross, Harding & Alvin
Address: 9195 Survey Rd.
City/State/Zip: Elk Grove, CA 95624
Phone: 916 685-4616 FAX: 916 686-5293

Description of Work: HVAC replacement

| | | | |
|---|---|---|---|
| <input type="checkbox"/> REROOF (excluding this) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # SQUARES # Stories: 1 2 3+ Material: | <input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Seal Pump <input type="checkbox"/> Fanage <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Oil-in <input type="checkbox"/> Heat pump or elect. unit in ESP. <input type="checkbox"/> Walk furnace <input type="checkbox"/> Freonless heat <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Ducts: \$ * Design Review approval may be required. | <input type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric for Gas <input type="checkbox"/> Relocates <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flashing/Leak <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> STAIRS <input type="checkbox"/> PG&E *NOTE: Contractor Notice Items will require an additional building permit. | <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Lbs <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste *Residential Permit updated 12/2001 |
|---|---|---|---|