

TRANSMISSION VERIFICATION REPORT

TIME : 11/07/2005 11:39
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER. # : BROH4J832840

DATE, TIME	11/07 11:38
FAX NO./NAME	98583989
DURATION	00:01:44
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

Ally

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

JBL

RECEIPT NUMBER: R0521439
 TRANSACTION DATE: 11/07/2005
 TRANSACTION AMOUNT: 183.72
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 NOV 07 2005
 DOWNTOWN PERMIT
 CENTER**

APD #: **0517453**
 SITE ADDRESS: 3027 CONNIE DR SAC
 PARCEL: 266-0160-009

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

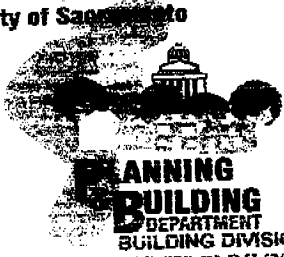
Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	183.72

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	.54	.00	.54
213	General Plan Surcharge	1760	1.18	.00	1.18
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



***** Office Use Only *****

Permit No: 0617453
Date Issued: 11/02/05
Total Amount: 18272
Insp Area #: 4

ISSUED
CITY OF SACRAMENTO
NOV 07 2005

Inspection Request # (916) 264-7622

***** Please Print ***** DOWNTOWN PERMIT

Site Address: 3027 Connie Dr Sacramento, CA 95815
Nature of Work: Change out wall Furnace

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 C20C36 License Number 675403 Date 11-1-05 Signature Sandy Powell (Agent)

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 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 11-1-05 Applicant/Agent Signature Sandy Powell (Agent)

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 Virginia Suvity Expiration Date 2/1/06
Policy Number 005 00083539

(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 Sandy Powell (Agent)

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.

PBF10004

Agreement
Alley and Company Inc.
Heating - Air Conditioning - Plumbing
 7000 Franklin Blvd., Suite 730 Sacramento, CA 95823
 (916) 429-2072 * Fax (916) 429-2007
 License #675403

Name: MANUAL LEPPS Phone: Res. _____ Bus: 786-2263 (WIFE)
 Address: 3027 CONALE DR SAC Zip: 95815

I/We the owners (BUYERS) Of the premises described below, authorize Alley & Co to furnish and install all materials and labor necessary to improve the premises located at:

(Street) SPRUE (City) _____ (Zip) _____
 (Tenant) _____ (Phone) _____

According to the following specifications which are subject to the conditions of the premises and providing said installations and improvements are able to be provided according to and within State, County and City Laws, Codes and Ordinances having jurisdiction.

QTY	MANUFACTURER	MODEL	NUMBER	PRODUCTION	DESCRIPTION
<u>1</u>					<u>WALL HANGER</u>

- | | |
|---|--|
| Includes all California sales tax..... Yes No <u>Existing</u> | Indoor energy saving set back thermostat..... Yes No <u>Existing</u> |
| Building Permits as required..... Yes No <u>Existing</u> | Primary condensate drain..... Yes No <u>Existing</u> |
| Dispose of existing equipment..... Yes No <u>Existing</u> | Secondary condensate..... Yes No <u>Existing</u> |
| Connect to existing equipment..... Yes No <u>Existing</u> | Condensate drain pump..... Yes No <u>Existing</u> |
| Low voltage wiring as required..... Yes No <u>Existing</u> | Indoor equipment platform..... Yes No <u>Existing</u> |
| 110 volt circuit as required..... Yes No <u>Existing</u> | Outdoor equipment..... Yes No <u>Existing</u> |
| 220 volt circuit as required..... Yes No <u>Existing</u> | Attic light switch..... Yes No <u>Existing</u> |
| Electrical disconnect with fuse as req'd Yes No <u>Existing</u> | Gas piping to equipment as req'd..... Yes No <u>Existing</u> |
| Amp sub/main..... Yes No <u>Existing</u> | New flue pipe system as required..... Yes No <u>Existing</u> |
| Copper refrigerant lines as required.... Yes No <u>Existing</u> | Provide drop clothes and clean work area..... <u>Existing</u> |
| Exterior refrigerant line cover..... Yes No <u>Existing</u> | Perform quality control inspection..... <u>Existing</u> |
- Install _____ standard/ commercial supply register(s) with flex duct to the following room(s):

Special instructions: PLEASE INSTALL A NEW
WALL HANGER WITH 1 YEAR PRODS
& LABOUR WARRANTY

Subject to Engineering Precise inspection and Managers Approval/Rejection

OTHER OPTIONS
 Option 1 _____ PROPOSED SYSTEM PRICE \$ _____
 ACCEPT DECLINE _____
 Option 2 _____ ACCEPT DECLINE _____

The proposed system is eligible for a \$ _____ rebate from _____. The rebate amount will/will not be applied towards the balance due. Rebate programs are subject to change without notice. The balance due is eligible to be financed by _____
 Est. payment \$ _____ for _____ months. Financing subject to approvals. DUE ON COMPLETION \$ 1350
 Approximate commencement date 10-2-05 Approximate substantial completion date 10-3-05

Notice to buyer: do not sign this agreement before you have read the front and backsides of this agreement. The prices, conditions, terms and specifications are satisfactory and hereby accepted.
 You are authorized to do work as specified. Payment will be made as outlined above.
 Buyer's Signature [Signature] Estimator's Signature [Signature]
 Buyer's Signature _____ Date 10-3-05 Registration # FIELD TECH
 Date 10-31-05 This proposal may be withdrawn if not accepted by _____
 Buyer has the right to obtain payment and performance bond at an additional cost to the buyer.

0577453

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:



Fax # (916) 264-1901

Inspection Request # (916) 264-7622

edit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Unit #

Job Address: 3037 Connie Dr Sacramento, CA 95815

Parcel Number: 216-0-0160-009

CONTACT PERSON: Sandy Russell

Property Owner: Manuel Aguilar

Address: 3037 Connie Dr Sacramento, CA 95815

City/State/Zip: Sacramento, CA 95815

Phone: 916-386-2263 (Spanish only)

Contract Price \$ 1350.00

CONTACT PHONE: 916-858-3993

Contractor: Alle and Heating

Address: 11367 Trade Center Dr #120

City/State/Zip: Rancho Cordova, CA 95393

Phone: 916-858-3993

License # 625403

FAX: 916-858-3989

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: Change out well heater

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES Stories: 1 2 3+ Material:	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat 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 elect. unit to gas. <input checked="" type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SMUD *NOTE: Correction 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 Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste (Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING (NR Faxback Permit updated 12/09/01)
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* Design Review approval may be required.

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CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: Sandy Powell Phone: 916-858-3993
Project Address: 3027 Connie Dr Sacramento, CA 95815 Phone:

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. [X] There is an existing ground-mounted unit.
[X] 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 by more than 25%.
[] 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 building 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 by more than 25%.
[] 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: Sandy Powell (Agent) Date: 11-2-05
FOR CITY STAFF USE ONLY Counter Staff: [Signature]

- [X] In a DR District. Meets DR criteria? [X] Yes [] No (route to DR staff)
[] In a P area or listed (route to P staff)
[] Not in a DR or P area