

TRANSMISSION VERIFICATION REPORT

TIME : 03/20/2006 15:40
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168885656
 SER.# : BROH4J832840

DATE, TIME	03/20 15:38
FAX NO./NAME	94513680
DURATION	00:02:14
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

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**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0604462
 TRANSACTION DATE: 03/20/2006
 TRANSACTION AMOUNT: 184.97
 NOTATION:

**ISSUED
 CITY OF SACRAMENTO
 MAR 20 2006
 DOWNTOWN PERMIT
 CENTER**

APD #: **0603787**
 SITE ADDRESS: 1124 BELL AV SAC
 PARCEL: 237-0580-011

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	184.97

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	1.20	.00	1.20
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Building Permit

***** Office Use ***** ISSUED CITY OF SACRAMENTO

Permit No: _____ Date issued: MAR 20 2006 Total Amount: DOWNTOWN PERMIT

***** Please Fill in the Following ***** Site Address: 1124 Bell Ave. Nature of Work: Change out old move Condenser 15 feet

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 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect. License Class: C90 License Number: 225095 Date: 3/20/06 Signature: _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and is 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 \$1 hundred dollars (\$100.00); 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 offer for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor licensed pursuant to the Contractor's 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 verifi all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of 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 aforementioned property for inspection purposes. Date: 3/20/06 Applicant/Agent 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: _____ Policy Number: _____ Expiration Date: _____

FN (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 do become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Date: 3/20/06 Applicant Signature: _____

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: Joceline NADRA Phone: 457-2222

Project Address: 1124 Bell Ave.

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. There is an existing ground-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 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 buildings 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: Joceline NADRA Date: 3/20/06

For City Staff use only

Counter Staff _____

- 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

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working on doing even permit

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

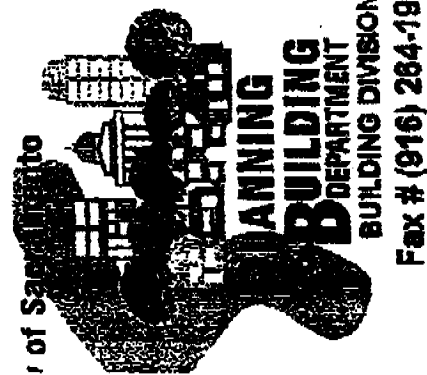
Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

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

Fee back

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



Address: 124 Bell Ave Contract Price \$ 3000 Unit # _____
 CONTACT PERSON: MIKE NADRA CONTACT PHONE: 439 0408
 Property Owner: HOCKING Contractor: Arctic Heat & Air License # 895095
 Address: 124 Bell Ave Address: 4791 Caled St CA 95820
 City/State/Zip: SACramento CA Phone: 916 457 2229 FAX: 457-3680
 Phone: 916 8886

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

Description of Work: Change out sub down it is fed

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES: 1 2 3+ <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 type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> 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 type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describes below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	(Residential ONLY) <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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudell/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <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
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WPA Faxback Permit updated 12/06/01

*NOTE: Correction Notice items will require an additional building permit.

* Design Review approval may be required.