

TRANSMISSION VERIFICATION REPORT

TIME : 09/16/2005 11:52
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	09/16 11:52
FAX NO./NAME	96883998
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 09/16/2005

RECEIPT NUMBER: R0517536

TRANSACTION DATE: 09/16/2005
 TRANSACTION AMOUNT: 78.71
 NOTATION:

ISSUED

SEP 16 2005

Sacramento Building Division

APD #: **0514274**
 SITE ADDRESS: 523 SANDBURG DR SAC
 PARCEL: 005-0211-007

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	78.71

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID
 CITY OF SACRAMENTO

SEP 16 2005

NEIGHBORHOODS PLANNING

fB

#0514214

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:

Credit Card info on file? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)



Fax # (916) 264-1901
Inspection Request # (916) 264-7622



Building Permit **ISSUED**

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

Permit No: _____
Date Issued: _____
Total Amount: _____
Insp Area #: _____

SEP 16 2005
Sacramento Building Division

***** Please Fill in the Following *****

Job Address: 5205 Sandburg Dr. Unit # _____
 Parcel Number: _____
 CONTACT PERSON: Mike Ortiz Contract Price \$ 300.00
 CONTACT PHONE: 916-644-6505 License # 2100239
 Property Owner: Robin Caruso
 Address: 5205 Sandburg Dr. City/State/Zip: SAC, CA 95819
 Phone: 415-0417 FAX: 916-399-3990

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

Description of Work: Change out gas water heater with recirc pump

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 \$+ <input type="checkbox"/> GARAGE <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 elec. unit to gas. <input type="checkbox"/> Well furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input checked="" type="checkbox"/> WATER HEATER <input checked="" type="checkbox"/> GAS <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/Joints <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SHUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	<input type="checkbox"/> MINOR ELECTRICAL AND/OR MINOR PLUMBING <input type="checkbox"/> Electric Service Change # emp _____ <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 Lines <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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NR Faxback Permit updates 12/28/01

* Design Review approval may be required.

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Leary