

TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2005 11:46  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME 08/16 11:41  
 FAX NO./NAME 94568257  
 DURATION 00:05:00  
 PAGE(S) 08  
 RESULT OK  
 MODE STANDARD  
 ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0515172

TRANSACTION DATE: 08/16/2005  
 TRANSACTION AMOUNT: 185.76  
 NOTATION:

APD #: **0512415**  
 SITE ADDRESS: 200 P ST SAC  
 PARCEL: 006-0320-001

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

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		185.76

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	1.40	.00	1.40
213	General Plan Surcharge	1760	2.36	.00	2.36
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

CITY OF SACRAMENTO



006 0320 001

FAXBACK PERMIT APPLICATION

0025

0512415

Faxed request received in this office before 3:00 pm, 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:

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

Job Address: 200 F-J P STREET Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_  
 CONTACT PERSON: Randy Fegredo 597 ELMWOOD DR 95814  
 Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 CONTRACT PRICE \$ 3500.00  
 CONTACT PHONE: 916-456-4738  
 Contractor: McDonald PHAC License # 387145  
 Address: 3618 Broadway  
 City/State/Zip: Sacramento, CA 95817  
 Phone: 916-456-4738 FAX: 916-456-4837  
 CITY OF SACRAMENTO

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

Package Heat Pump Changed

Description of Work: <input type="checkbox"/> REEROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHHEET <input type="checkbox"/> HOUSE # SQUARES onies 1 2 3+ ental- <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	HVAC INSTALLATIONS: <input checked="" type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Heat exchanger <input type="checkbox"/> Split system <input type="checkbox"/> Heat mount <input type="checkbox"/> Oil-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 (describe below) Value of duct work: Equipment: \$ _____ Labor: \$ _____	(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"/> Floor joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> PG&E	(Residential ONLY) MINOR ELECTRICAL 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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\* Design Review approval may be required.

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

NR Faxback Permit updated 2/20/03

### HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: McDonald Plumbing Hot Air Phone: 456-4738

Project Address: 200 F-12 P Street

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: [Signature] Date: 7/28/05

For City Staff use only Counter Staff MES

- In a DR District Meets DR criteria?  Yes  No (route to DR staff) Central City
- In a P area or listed (route to P staff)
- Not in DR/P area

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