

TRANSMISSION VERIFICATION REPORT

TIME : 08/16/2005 11:25
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085556
 SER. # : BROH4J832840

DATE, TIME : 08/16 11:23
 FAX NO./NAME : 97144901
 DURATION : 00:01:33
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0515163

TRANSACTION DATE: 08/16/2005
 TRANSACTION AMOUNT: 80.66
 NOTATION:

APD #: **0512421**
 SITE ADDRESS: 2636 LAND PARK DR SAC
 PARCEL: 009-0323-004
 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		80.66

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.89	.00	.89
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

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ISSUED

AUG 16 2005

Sacramento Building Division

PAID
CITY OF SACRAMENTO

AUG 16 2005

RECEIVED
CITY OF SACRAMENTO



05/24/21

FAXBACK PERMIT APPLICATION
(certain restrictions apply)

05/24/21

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: 20230 LAND PARK DR **RESIDENTIAL** **APARTMENTS (4+ units per building)** **COMMERCIAL (limited)** **UNIK #**

Fax # (916) 264-1901

Inspection Request # (916) 264-7522

Credit Card info on file? Yes No

Parcel Number: <u>20230 LAND PARK DR</u>	Contract Price \$ <u>2275.00</u>
CONTACT PERSON: <u>BOB CORREIA</u>	CONTACT PHONE: <u>916-714-4900</u>
Property Owner: <u>BOB CORREIA</u>	Contractor: <u>CJR ELECTRICAL</u>
Address: <u>20230 LAND PARK DR</u>	Address: <u>9012 RADIANT BLVD</u>
City/State/Zip: <u>SACRAMENTO, CA 95818</u>	City/State/Zip: <u>ELK GROVE, CA 95624</u>
Phone: <u>916-4410-1005</u>	Phone: <u>916-714-2900</u>
	License # <u>8458951</u>
	FAX <u>916-714-4901</u>

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

Description of Work: REMOVE EXISTING SERVICE & REPAIR WITH NEW 300amp SERVICE

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: <u>1</u> <u>2</u> <u>3+</u> Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER (Residential ONLY) <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"/> Mudail/Studs <input type="checkbox"/> Extentor * Design Review approval may be required.	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING Electric Service Change <u>200</u> # 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
<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	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER (Residential ONLY) <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"/> Mudail/Studs <input type="checkbox"/> Extentor * Design Review approval may be required.	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING Electric Service Change <u>200</u> # 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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*NOTE: Correction Notice items will require an additional building permit.

NR Feedback Permit updated (200901)