TRANSMISSION VERIFICATION REPORT

TIME : 10/13/2006 14:38
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE,TIME	10/13 14:35
FAX NO./NAME	99208409
DURATION	00:03:19
PAGE(S)	06
RESULT	OK
MODE	STANDARD

Kleen Air

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
OCT 13 2006
DOWNTOWN PERMIT CENTER

RECEIPT NUMBER: R0618995

TRANSACTION DATE: 10/13/2006
TRANSACTION AMOUNT: 188.57
NOTATION:

APD #: **0615976**
SITE ADDRESS: 8245 CITADEL WY SAC
PARCEL: 079-0103-009

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	188.57

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	2.44	.00	2.44
213	General Plan Surcharge	1760	4.13	.00	4.13
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
(916) 808-BLDG (2534)

Building Permit

ISSUED
CITY OF SACRAMENTO
OCT 13 2006
DOWNTOWN PERMIT CENTER

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

Permit No: 6615976
Date Issued:
Total Amount:

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

Site Address: 8245 CITADEL WAY
Nature of Work:

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 C-20 License Number 421974 Date 10-12-06 Signature Earl Cox

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 3 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 Professional 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.)

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 above-mentioned property for inspection purposes.

Date 10-12-06 Applicant/Agent Signature Earl Cox

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.

X 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 STATE Fund
Policy Number 1624742-2005 Expiration Date 10/06

____ (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.

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

THIS PERMIT CEASES TO BE VALID IF WORK IS NOT COMMENCED WITHIN

Oct. 12 2006 11:21AM P1
FAX NO. : 920 8409
FROM : KLEENAIR

0615976

Development Services
We Help Build A Great City

Y OF SACRAMENTO

www.cityofsacramento.org
Hel 1-916-808-5656 OR 1-866-EZ-PERMIT
ection Request: 1-916-808-7622

New City H
915 I Stree
Sacrament

North Per
2101 Aren
Sacrament

New City Hall – Fax # 916-80 North Permit - Fax # 916-808-8370

FAXBACK MI PERMIT APPLICATION

Permit # _____ Date: 10-12-0

Faxedweb request must be received in this office by 11 to be processed the following workday. Contractors must have a curren certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Re not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval required if job address is located in those areas additional forms may be requir

IN ORDER TO PROCESS THIS REQ LL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Bldg Type: X RESIDENTIAL APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited)

Job Address: 8245 CITADEL WAY Unit # _____ Contract Price 61

CONTACT INFO Name: EARL COX #: 916-922-3995 Email:

Property Owner: JACQUELINE SCALET	Contractor: KLEEN AIR	License #: 7	
Address: 8245 CITADEL WAY	Address: 1657 SILICA AVENUE		
City/State/Zip: SACRAMENTO, CA 96	City/State/Zip: SACRAMENTO CA 95		
Phone: 916-383-1312	Phone: 916-922-3995	Fax: 916-920-8	
	Pre-Registered? YES X NO	Registration #	ED

Nature of Work: Provide description of work & indicate type of work in sellow.

Description of Work: Change Out CONDEN & COIL IN CLOSIT

☐ **Reroof** (excluding tile)
- ☐ Tear-Off
- ☐ Resheet
- ☐ House ☐ Garage

Stories: _____

Squares: _____

Material: _____

☐ Siding
- ☐ Wood
- ☐ T-111
- ☐ Horiz.
- ☐ Vinyl
- ☐ Stucco

☒ **HVAC Installations** (Residential Only)
- ☒ Change-out ☐ New
- ☐ Heat Pump
- ☐ Package
- ☒ Split system
- ☐ Roof mount
- ☐ Cut-in
- ☐ Heat pump or elect. unit to gas
- ☐ Wall furnace
- ☐ Other (describe below)

Value of duct work:
Equipment: $ _____
Cut-in: $ _____

☐ **Heater**
dential Only)
☐ ☐ Gas
ange-out
Electric to Gas
Relocate
New

☐ **t or Termite**
age Repair
oring/Joists
dsill/Studs
of Structure
terior

☐ **Minor Electric and/or Minor Plumbing** (Residential Only)
- ☐ Electric Service Change
  # amps _____
- ☐ New electric circuits
- ☐ Re-wire
- ☐ Water Service Replacement
- ☐ Sewer Service Replacement
- ☐ Gas Line Replacement
- ☐ Re-plumb
  ☐ Water ☐ Waste

☐ **Public Utilities Inspection**

(Residential a
apartment uni

☐ SMUD ☐

* NOTE
Correction Notice i
require an additiona
permit.

Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #:

FaxBack Minor Permit