

TRANSMISSION VERIFICATION REPORT

TIME : 06/14/2006 14:35
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	06/14 14:34
FAX NO./NAME	94560230
DURATION	00:00:58
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

Don Lewis (1)

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

**ISSUED
 CITY OF SACRAMENTO
 JUN 14 2006
 DOWNTOWN PERMIT
 CENTER**

Henry

RECEIPT NUMBER: R0610817
 TRANSACTION DATE: 06/14/2006
 TRANSACTION AMOUNT: 190.57
 NOTATION:

APD #: **0608825**
 SITE ADDRESS: 7739 CENTER PK SAC
 PARCEL: 118-0161-008
 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	190.57

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	3.08	.00	3.08
207	Strong Motion (SMI)	1600	.77	.00	.77
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharge	1750	3.00	.00	3.00

TRANSMISSION VERIFICATION REPORT

TIME : 06/14/2006 14:16
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
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 SER. # : BROH4J832840


DATE, TIME : 06/14 14:16
 FAX NO./NAME : 98088370
 DURATION : 00:00:23
 PAGE(S) : 01
 RESULT : OK
 MODE : STANDARD
 ECM

INSPECTION REQUEST

ADDRESS : 7739 Center Pkwy

AREA <i>2/R</i>	INSPECTION DATE <i>6/15</i>	REQUEST DATE <i>6/14</i>	REQUEST TIME
	<input type="checkbox"/> MON.	<input type="checkbox"/> TUES.	<input type="checkbox"/> WED.
	<input checked="" type="checkbox"/> THURS.		<input type="checkbox"/> FRI.
OWNER OR CONTRACTOR <i>Don 402 5656</i>		PERMIT NO. <i>0608825</i>	

<input checked="" type="checkbox"/> BUILDING	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> PLUMBING	<input type="checkbox"/> ELECTRICAL
B10 <input type="checkbox"/> FORM B11 <input type="checkbox"/> UFER (RES) B12 <input type="checkbox"/> SLAB B13 <input type="checkbox"/> JOIST/GIRDER B14 <input type="checkbox"/> INS. WALL B15 <input type="checkbox"/> INS. FLOOR B16 <input checked="" type="checkbox"/> ROOF B17 <input type="checkbox"/> ROOF PLYNAIL B18 <input type="checkbox"/> EXT. LATH/SIDE B19 <input type="checkbox"/> FRAME B20 <input type="checkbox"/> FRAME(WALLS ONLY) B21 <input type="checkbox"/> FRAME CEIL (T-BAR) B22 <input type="checkbox"/> SHTRCK NAIL B23 <input type="checkbox"/> B.B. B24 <input type="checkbox"/> TILTUP B25 <input type="checkbox"/> FIRE SPR. LOC B26 <input type="checkbox"/> SHEAR NAIL B29 <input type="checkbox"/> FINAL	M30 <input type="checkbox"/> UNDR FLR/SLAB M31 <input type="checkbox"/> TOP/ROUGH M32 <input type="checkbox"/> CONDENSATE M33 <input type="checkbox"/> GAS TEST M34 <input type="checkbox"/> _____ M35 <input type="checkbox"/> _____ M39 <input type="checkbox"/> FINAL	P40 <input type="checkbox"/> UNDR FLR/SLAB P41 <input type="checkbox"/> TOP/ROUGH P42 <input type="checkbox"/> WATER SERVICE P43 <input type="checkbox"/> SEWER SERVICE P44 <input type="checkbox"/> STORM DRAIN P45 <input type="checkbox"/> IRR. SVC. PIPING P46 <input type="checkbox"/> FIRE SPR. SYS. P47 <input type="checkbox"/> GAS TEST P48 <input type="checkbox"/> TEMP GAS P49 <input type="checkbox"/> _____ P50 <input type="checkbox"/> _____ POOLS ONLY P51 <input type="checkbox"/> PREGUNITE P52 <input type="checkbox"/> PREDECK P59 <input type="checkbox"/> FINAL	E60 <input type="checkbox"/> UFER (COMM.) E61 <input type="checkbox"/> CONDUIT/UNDERGRD. E62 <input type="checkbox"/> CONDUIT/SLAB E63 <input type="checkbox"/> ROUGH ELECT. E64 <input type="checkbox"/> ROUGH (WALLS ONLY) E65 <input type="checkbox"/> ROUGH (CEIL. ONLY) E66 <input type="checkbox"/> SERVICE UNDGR. CONDUIT E67 <input type="checkbox"/> TEMP POWER E68 <input type="checkbox"/> _____ E69 <input type="checkbox"/> _____ POOLS ONLY E70 <input type="checkbox"/> PREGUNITE E71 <input type="checkbox"/> PREDECK E72 <input type="checkbox"/> CONDUIT/UNDERGR. E79 <input type="checkbox"/> FINAL

In progress


Call 1/2 hr prior @ 402 5656

CLERK *Jeon*

Call 808-5766

City of Sacramento



0608828

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

Job Address: 7759 Center Pkwy. Unit # _____

Parcel Number: _____

CONTACT PERSON: DON DENNA YOUNG

Property Owner: DON DENNA YOUNG

Address: 7759 Center Pkwy

City/State/Zip: SAC. CA. 95823

Phone: _____

Contract Price \$ 7700

CONTACT PHONE: 402-5656

Contractor: DON DENNA YOUNG

Address: P.O. 19453

City/State/Zip: SAC. CA. 95819

Phone: 402-5656

FAX: 456-0230

License # 6672964

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

Description of Work: TEAR OFF RE ROOF

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 26 <input checked="" type="checkbox"/> GARAGE # SQUARES 2 # Stories 1 Material: 30yr. ELK	<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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudstiff/Studs <input type="checkbox"/> Mudstiff/Studs <input type="checkbox"/> Exterior	<input type="checkbox"/> 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

* Design Review approval may be required.

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

(Residential and single apartment units ONLY)

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(Residential ONLY)

(Residential ONLY)

(Residential ONLY)

IVR Faxback Permit updated 12/09/01



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-888-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: Don Lewis Phone: 402-5656
Project Address: 7739 Center Pkwy Phone:

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

a. [X] The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:

- Existing [X] Proposed [X]
30 year laminated dimensional composition
Wood shake or shingle
Tile
Metal that simulates one of the above listed materials

b. [] The new roofing material will be:

- Existing [] Proposed []
Built up
Foam
Membrane

2. GUTTERS

- a. [] The existing gutters are fascia gutters.
[] There is no change proposed to existing gutters.
[] New fascia gutters shall be provided.
[] Gutters shall be repaired and/or replaced to match existing.
b. [] The existing gutters are Ogee gutters.
[] There is no change proposed to existing gutters.
[] New Ogee gutters shall be provided.
[] Gutters shall be repaired and/or replaced to match existing.
c. [] There are no existing gutters.
[] No new gutters are proposed.
[] New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. [] There are no exposed rafter tails.
b. [] There are no existing gutters.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 6/13/06

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 a DR or P area

ISSUED
CITY OF SACRAMENTO
JUN 14 2006
DOWNTOWN PERMIT CENTER