

TRANSMISSION VERIFICATION REPORT

TIME : 06/02/2006 12:21
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME : 06/02 12:21
 FAX NO./NAME : 96526759
 DURATION : 00:00:41
 PAGE(S) : 03
 RESULT : OK
 MODE : STANDARD
 ECM

Edward

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 06/02/2006
 RECEIPT NUMBER: R0609990
 TRANSACTION DATE: 06/02/2006
 TRANSACTION AMOUNT: 194.73
 NOTATION:

ISSUED
CITY OF SACRAMENTO
 JUN 01 2006
**DOWNTOWN PERMIT
 CENTER**

Ed

APD #: **0608056**
 SITE ADDRESS: 450 SANDBURG DR SAC
 PARCEL: 005-0222-004

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

Mixed Income Housing
 Fee Program
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	194.73

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	5.06	.00	5.06
213	General Plan Surcharge	1760	7.67	.00	7.67
259	Bldg-Technology Surchar	1750	7.00	.00	7.00

City of Sacramento

Building Permit



Inspection Request # (916) 264-7622

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

Permit No: _____
Date Issued: _____ JUN 01 2006
Total Amount: _____
Insp Area #: _____ DOWNTOWN PERMIT

***** Please Fill in the following *****

Site Address: 450 Sandburg Dr Sacramento CA 95819
Nature of Work: remove & replace HVAC system

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of 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: CD-CR License Number: 188807 Date: 6/1/06 Signature: Janna Macmillan

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's License Law for the following reasons (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 Contractor's 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 Professions Code: The Contractor's 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 construction to construct the project (Sec. 7044, Business and Professions Code: The Contractor's 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 Contractor's License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

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 abovesubscribed property for inspection purposes.

Date: _____ Applicant/Agent Signature: _____

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.

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: Archway Clayton Insurance
Policy Number: WPN127521 Expiration Date: 12/06

(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.

Date: 6/1/06 Applicant Signature: Janna Macmillan

WARNING: FAILURE TO SECURE WORKER'S 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 FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

HEATING AND COOLING EQUIPMENT QUESTIONNAIRE

Applicant's name: SECO Heating & Air Phone: (916) 652-6755

Project Address: 450 Sandburg Drive

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: 6/10/10

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 DR/P area

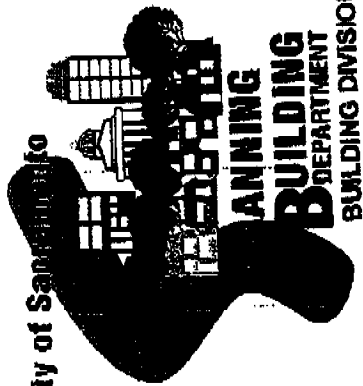
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City of San Bernardino

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.



PLANNING BUILDING DEPARTMENT
BUILDING DIVISION

Fax # (916) 264-1901 808-1901

Inspection Request # (916) 264-7622
Credit Card Info on File? Yes No

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information **MUST** be provided:

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

RESIDENTIAL

Job Address: 450 SARBURG DR	Contract Price \$ 12,041.23	Unit #
Parcel Number:	CONTACT PHONE: JANA MAMULAN (916) 652-6755	License # 788807
CONTACT PERSON: JANA MAMULAN	Contractor: SECO	
Property Owner: ANITA ANTONIS	Address: 4320 Anthony St. #1	
Address: 450 SARBURG DR	City/State/Zip: ROCKLIN CA 95767	FAX: (916) 652-6759
City/State/Zip: SAN BERNARDINO CA 92410	Phone: (916) 652-6755	
Phone: (916) 454-1380		

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

Description of Work: REMOVE & REPLACE HVAC SYSTEM

090880

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ <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	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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: \$	(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"/> Flooring/Joints <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <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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* NOTE: Correction Notice items will require an additional building permit.

* Design Review approval may be required.

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NVR Faxback Permit updated 12/09/06