TRANSMISSION VERIFICATION REPORT

TIME : 04/07/2006 15:27
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE,TIME	04/07 15:25
FAX NO./NAME	99208409
DURATION	00:01:46
PAGE(S)	03
RESULT	OK
MODE	STANDARD

Kleen Air

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
APR 06 2006
DOWNTOWN PERMIT CENTER

RECEIPT NUMBER: R0605590

TRANSACTION DATE: 04/07/2006
TRANSACTION AMOUNT: 190.66
NOTATION:

APD #: **0604723**
SITE ADDRESS: 120 COLOMA WY SAC
PARCEL: 004-0084-006

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	190.66

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	3.35	.00	3.35
213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00

City of Sacramento

PLANNING
BUILDING
DEPARTMENT
BUILDING DIVISION

Fax # (916) ~~264-4981~~ 808-8370

Inspection Request # (916) 264-7622

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:

Fax Back

Credit Card Info on File? Yes ☐ No ☐ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited) ☐

Job Address: 120 Coloma Way		Unit #
Parcel Number: #	Contract Price $ 8,371.00	
CONTACT PERSON: Earl Cox	CONTACT PHONE: EARL COX	
Property Owner: Janet Owen	Contractor: KLEEN AIR	License # 481974
Address: 120 Coloma Way	Address: 1657 SILICA AVENUE	
City/State/Zip: Sacramento Ca 95819	City/State/Zip: SACRAMENTO, CA 95815	
Phone: 530-228-9455	Phone: 916-922-3995	FAX: 980-8409

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

0604723

Description of Work: Install Package unit on Roof and Ductwork In Attic Run New gas line and new Electrical Circuit

☐ **REROOF** (excluding tile)
- ☐ TEAR-OFF
- ☐ RESHEET

☐ HOUSE ☐ GARAGE

____ # SQUARES

Stories 1 2 3+

Material:

☐ **SIDING**
- ☐ Wood
- ☐ T-111
- ☐ Horiz
- ☐ Vinyl
- ☐ Stucco

* Design Review approval may be required.

(Residential ONLY)

☐ **HVAC INSTALLATIONS**

☐ NEW ☐ CHANGE-OUT

- ☐ Heat Pump
- ☒ Package
- ☐ Split system
- ☒ Roof mount
- ☐ Cut-in
- ☐ Heat pump or elect. unit to gas.
- ☐ Wall furnace
- ☐ Fireplace Insert
- ☐ Other (describe below)

☒ ductwork

Value of duct work:

Equipment: $

Cut-in: $

* Design Review approval may be required.

(Residential ONLY)

☐ **WATER HEATER**

☐ GAS ☐ ELECTRIC

- ☐ Change-out
- ☐ Electric to Gas
- ☐ Relocate
- ☐ New

☐ **DRY ROT OR TERMITE DAMAGE REPAIR**

- ☐ Flooring/Joists
- ☐ Mudsill/Studs
- ☐ Roof Structure
- ☐ Exterior

* Design Review approval may be required.

☐ **PUBLIC UTILITIES SAFETY INSPECTION** *

(Residential and single apartment units ONLY)

☐ SMUD ☐ PG&E

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

(Residential ONLY)

MINOR ELECTRIC and/or MINOR PLUMBING

☐ Electric Service Change

____ # amps

- ☐ New electric circuits
- ☐ Re-wire

☐ Replacement
- ☐ Water Service
- ☐ Sewer Service
- ☐ Gas Line

☐ Re-plumb
- ☐ Water
- ☐ Waste

IVR Faxback Permit updated 12/03/01

FROM : KLEENAIR FAX NO. : 920 8409 Apr. 06 2005 11:18AM P1/2

INSTALLATION CERTIFICATE

Site Address: 120 COLOMB WY SACRAMENTO CA 95819

(Page 3 of 12) CF-6R

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(a).

HVAC SYSTEMS:

Heating Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.)[1] (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
PACKAGE	TRANE YCY042G1M0N	1	80	ATTIC	6R	70000	70000

Cooling Equipment

Equip Type (pkg. heat pump)	CEC Certified Mfr. Name and Model Number	# of Identical Systems	Efficiency (SEER or EER)[1] (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
PACKAGE	TRANE YCY042G1M0N	1	14/12	ATTIC	6R	42000	42000

1. ≥ symbol reads *greater than or equal to what is indicated on the CF-1R value.*
   Include both SEER and EER if compliance credit for high EER air conditioner is claimed.

✓ ☐ I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	KLEENAIR ~~[illegible]~~ 1657 SILICA AVE SACTO CA 95815
Signature: [signature]	Date: 4-6-06

Copies to: BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE) BUILDING OWNER AT OCCUPANCY