

TRANSMISSION VERIFICATION REPORT

TIME : 10/28/2005 10:50
 NAME : CITY OF SACRAMENTO
 FAX : 9168085543
 TEL : 9168085656
 SER.# : BROH4J832840

DATE, TIME	10/28 10:46
FAX NO./NAME	94553784
DURATION	00:04:09
PAGE(S)	10
RESULT	OK
MODE	STANDARD ECM

Zimmerman

**CITY OF SACRAMENTO
 CASHIER'S WORKSHEET**

COPY 10/28/2005

RECEIPT NUMBER: R0520885

TRANSACTION DATE: 10/28/2005
 TRANSACTION AMOUNT: 192.53
 NOTATION:

ISSUED
 CITY OF SACRAMENTO

OCT 28 2005

APD #: 0517130
 SITE ADDRESS: 11 KIMMIE CT SAC
 PARCEL: 031-0220-037

**DOWNTOWN PERMIT
 CENTER**

Mixed Income Housing
 Fee Program
 ??

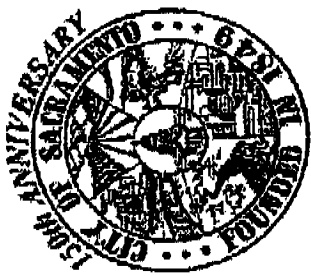
TYPE: Bldg Minor Permit
 SUB-TYPE: RES
 HOUSING: N
 STATUS: **ISSUED**

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	192.53 ✓

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	3.70	.00	3.70
207	Strong Motion (SMI)	1600	.93	.00	.93
213	General Plan Surcharge	1760	5.90	.00	5.90
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to a back fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (# units per building) COMMERCIAL (limited)

JOB ADDRESS: 11 Kinme Ct UNIT # _____

CONTACT PERSON: Jesus Garcia CONTACT PHONE: 393-1104

Property Owner: Jesus Garcia Contractor: Zimmerman Roofing License # 703169

Address: 11 Kinme Ct Address: 3075 R Street 95816

City/State/Zip: Sacramento, CA 95811

Phone: 393-1104 Phone: 454-3067 FAX: 455-3784

CONTRACT PRICE \$ 11,500.00

DATE: 10/24/05

DRW
OS17130
AREA 2

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REEROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE GARAGE # SQUARES: <u>30</u> Material: <u>40 yr o.c. comp</u> <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 Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <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 checked="" type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cur-in: \$ Note: Design Review approval may be required for rooftop units.	<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 TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: 40 yr o.c. comp
Roof patch 312 Single Fam Residence.

fax email: frm [rev online 3/10/00]