TRANSMISSION VERIFICATION REPORT

TIME : 01/19/2006 16:02
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE,TIME	01/19 16:02
FAX NO./NAME	99316972
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

Am Teeter Tech

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

ISSUED
CITY OF SACRAMENTO
JAN 19 2006
DOWNTOWN PERMIT CENTER

RECEIPT NUMBER: R0601103

TRANSACTION DATE: 01/19/2006
TRANSACTION AMOUNT: 80.65
NOTATION:

APD #: **0600431**
SITE ADDRESS: 7924 BURLINGTON WY SAC
PARCEL: 053-0151-017

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	80.65

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	75.00	.00	75.00
206	City Business Oper Tax	1730	.88	.00	.88
213	General Plan Surcharge	1760	1.77	.00	1.77
259	Bldg-Technology Surcharg	1750	3.00	.00	3.00

PAID
CITY OF SACRAMENTO

Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 1-10-06

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in these areas (additional forms may be required)

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

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

Job Address: 7924 BURLINGTON WY Unit # Contract Price 2200

CONTACT INFO Name: MEE MOUA (916) 429-7758 Phone #: OR TONY (916) 505-6076 Email:

Property Owner: MEE MOUA	Contractor: AIR TECH Heating & A/C Lic 640157
Address: 7924 BURLINGTON	Address: POBox 690458
City/State/Zip: SAC 95832	City/State/Zip: STKN 95269 (Kim)
Phone: (916) 429-7758	Phone: (209) 931-5900 Fax (209) 931-6972
	Pre-Registered? YES X NO Registration #

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

Description of Work: 90% Furnace Change Out Upflow in Closet

☐ **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: Client Equipment: $ 2200 Cut-in: $	☐ **Water Heater** (Residential Only) ☐ Electric ☐ Gas ☐ Change-out ☐ Electric to Gas ☐ Relocate ☐ New ☐ **Dry Rot or Termite Damage Repair** ☐ Flooring/Joists ☐ Mudsill/Studs ☐ Roof Structure ☐ Exterior	☐ **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 Safety Inspection** (Residential and single apartment units Only) ☐ SMUD ☐ PG&E * NOTE * Correction Notice items will require an additional building permit.

Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #: 0600431

Minor_permit_appl_form – 04/2005

01/18/1994 15:40 2099316972 AIR TECH HEATING&A/C PAGE 02

GEORGE

1 of 2

City of [illegible]

BUILDING DIVISION
(916) 264-BLDG (2534)
Inspection Request # (916) 264-7622

Building Permit

ISSUED
CITY OF SACRAMENTO
JAN 19 2006
DOWNTOWN PERMIT CENTER

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

Permit No: ____________
Date Issued: ____________
Total Amount: ____________
Insp Area #: ____________

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

Site Address: 7924 Burlington Wy 95832
Nature of Work: 90% + Furnace Change-out (Replacement)

****

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: Air Tech Heating & A/C Lender's Address: PO Box 1810458 - ST[illegible] 75261

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: C20 License Number: 7161522 Date: 1-10-6 Signature: [signature]

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).)

___ I, as 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 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 or 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).

___ I am exempt under Sec. ________ B & PC for this reason: ____________

Date: ____________ Owner's Signature: ____________

IN ISSUING THIS BUILDING PERMIT, the applicant acknowledges and the city relies on the representation of the applicant, that the applicant verified all easements and setbacks 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: 1-10-6 Applicant/Agent Signature: [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 this 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 Expiration Date: 10-01-06
Policy Number: 1135-0013692 [illegible]

___ (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: 1-10-6 Applicant Signature: [signature]

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

[illegible]