

MAR.14'2005 11:04 916-264-1901

DEVELOPMENT SERVICES

#5960 P.001/002



### FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day.  
Contractor's 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:

RESIDENTIAL  APARTMENTS (4+ units per building)

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

Job Address: 5521 8th Ave - 95820  
 Parcel Number: 015-0159-023-0000  
 CONTACT PERSON: DAVID HALLINAN  
 Property Owner: TUB HALLINAN  
 Address: 5521 8th Ave.  
 City/State/Zip: 95820  
 Phone: 916-951-3250

Contract Price \$ 2,800 -  
 CONTACT PHONE: 916 696 8391  
 Contractor: B-LINE CONST. License # 768820  
 Address: 430 12th Ave  
 City/State/Zip: 95816  
 Phone: 916 696 8391  
 FAX: 916 929 6193

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

Description of Work: BATH ROOM REPAIR. REMOVE & REPAIR TUB, TOILET, VANITY & ALUMINUM FIXTURES. INSTALL NEW PLOOR TILE & GROUT. FULL BATHROOM ON SINGLE STORY RESIDENCE - REMOVE/REPLACE LIKE FOR LIKE

<input type="checkbox"/> REROOF (excluding tiles) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # SQUARES # Stories: 1 2 3+ Material:	<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"/> Cabinet <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: \$ Ducts: \$	<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"/> Relocated <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Rood Structures <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Ejector <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMOOD <input type="checkbox"/> POSE	<input type="checkbox"/> Minor ELECTRIC 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-pump <input type="checkbox"/> Water <input type="checkbox"/> Waste
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\* Design Review approved may be required.

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\* NOTE: Connection Notice license will require an additional building permit.

FOR Faxback Permit update 12/01/01

PAID AREA 3  
05/18/22