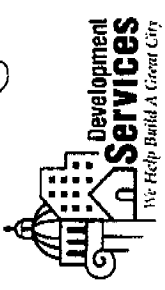


0615633

Faxed 10-6-06

**CITY OF SACRAMENTO**  
 PLANNING & BUILDING DEPARTMENT  
 BUILDING DIVISION  
 www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-7622



**Fax # 916-808-1901** Downtown Permit Center, New City Hall  
 9151 Sreef, 3<sup>rd</sup> Floor, Sacramento, CA 95814

**Fax # 916-808-8370** North Permit Center  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Activity # 0615633 **FAXED PERMIT APPLICATION** Date: 10/6/06  
 (certain restrictions apply)

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

267.46

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

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Job Address: 636 MORRISON AVE Unit # \_\_\_\_\_ Contract Price \$ 6659.00  
 Contact Person: CORY LEWIS Contact Phone: (916) 257-3499  
 Property Owner: BEATRICE WICKS Contractor: Werner & Sons License # 406961  
 Address: 636 MORRISON AVE. Address: 3479-A Orange Grove Ave.  
 City/State/Zip: SACRAMENTO, CA. 95838 City/State/Zip: Northridge, CA. 95660  
 Phone: 925-487-9252 Phone: (916) 971-9710 Fax: (916) 971-1062

Provide detailed description of work to be performed in the following table:  
 Description of Work: HVAC CUT OUT

<input type="checkbox"/> Removal (excluding tile) <input type="checkbox"/> Dry Rot/Termite Damage Repair <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/Termite Damage Repair Describe Location: (below)	<input checked="" type="checkbox"/> HVA (Residential) <input type="checkbox"/> Char <input type="checkbox"/> Hi <input type="checkbox"/> Pac <input checked="" type="checkbox"/> Split <input type="checkbox"/> Pack <input type="checkbox"/> Heat pump <input type="checkbox"/> Wall <input type="checkbox"/> Other Value of cash value of equipment: <u>6,659.00</u> Amount: <u>6,659.00</u>	<input type="checkbox"/> Public <input type="checkbox"/> Investigate (Residential and single apartment units only)
<input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Capped or Amps <input checked="" type="checkbox"/> New Electric Circuitry <input type="checkbox"/> Repairs <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Waste	<input type="checkbox"/> Design Review approval may be required.	<input type="checkbox"/> Design Review approval may be required.