231 I Street, Sacra	inicito, CA 756.			Insp .			
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Site Address: 7545 I	OMA VERDE W	Y SAC	t D		ıb-Type:		
arcel No: 049-01	21-006	**************************************	:	Housi	ng (Y/N):	: N	. **
<u>ONTRACTOR</u>	1 · · · · · · · · · · · · · · · · · · ·	<i>OWNER</i> DIONISIO CORONA 7545 LOMA VERDE		<u>ARCHI</u>	TECT		
		SACRAMENTO CA				20 数 数 <u>数</u>	, 3 67
ature of Work: CUT	-IN NEW HVAC RO	OF MOUNTED	, PACKAGE UNIT			1 4	3. 3.3
CONSTRUCTION LENI f the work for which this per			nalty of perjury that there	is a construction	lending ager	ncy for the pe	erformanc
ender's Name		Le	ender's Address				
ICENSED CONTRAC						provisions of	Chapter
icense Class Licer	se Number Date	Contra	ctor Signature			•	
ollowing reason (Sec. 7031.5 by structure, prior to its issue the Contractors License La erefrom and the basis for the ot more than five hundred do	nce, also requires the apple (Chapter 9 (commencing alleged exemption. Any llars (\$500.00);	licant for such permit g with Section 7000) violation of Section	t to file a signed statemen of Division 8 of the Busin 7031.5 by any applicant fo	t that he or she is ness and Profession or a permit subject	s licensed pur ons Code) or ots the applica	rsuant to the that he or she ant to a civil	provision e isexem penalty
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Permit No: 0114035

CITY OF SACRAMENTO

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1)	I personally plan to provide the many improvement (yes or no)	ajor labor and materials	for construction of the proposed
2		/	signed an application for
3	I have contracted with the following Name B.D.		
	City	Telephone	
	Contractors License No.	· 12171	
4.	I plan to provide portions of the w Supervise, and provide the major		ne following person to coordinate,
,	Name	Address	
	Contractors License No.		<u> </u>
5.	I will provide some of the work be Work indicated:	ut I have contracted (hi	red) the following to provide the
	Name Addres	ss Phone	Type of work
	igned		
	ob Address 7545 LOMA	VERDE WY	
Pe	ermit No: 011 40 35		



DEVELOPMENT SERVICES DIVISION CITY OF SACRAMENTO

FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this affice 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 quad fee

IN OR	DER TO PROCESS THIS REQUE	ST, ALL THE FOLLOWING IN	IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:	ED:
3	Z RESIDENTIAL D APA	APARTMENTS (4+units per building)	COMMERCIAL (limited)	
JOB ADDRESS: 75 45 Loma Verde WY UNITH	Loma Verde	UNIT#	⇒ CONTRACT PRICE \$ 7000 00	Es 7000 es
⇒ CONTACT PERSON:	RSON:	6 1 1 1 1 1 1 1 1 1 1	⇒ CONTACT PHONE:	
Property Owner: Dignisin Corona	cio Corona	Contractor:		License # 502089
Address: 75 4 5 60mg Vorde wy	a verde wy	Address: 7.	Address: 2324 Folsom Blod Sufe C	Sute C
City/State/Zip: Sucramonto, CA	monto, CA.	City/State/Zip	City/State/Zip: Sacramento, CM 95826	195826
Phone: (916) 429-6437	6437	Phone (916)	Phone (916) 388-2090 FAX: (916) 388-2/24	388-2/24
NATURE OF REQUEST:	Indicate from the selection	Indicate from the selections below & provide details under description of work.	ler description of work.	
EROOF (excluding tile)	MIIVAC INSTALLATIONS	WATER HEATER	MINOR ELECTRIC and/or	PUBLIC UTILITIES

will require an additional Correction Notice items

Cas Line Replacement

☐ Water ☐ Waste

Design Review approval may be

required in certain areas.

Design Review approval may be

Note:

Design Review approval may be

O stucco

required in certain areas.

required for rooftop units.

DESCRIPTION OF WORK:

O Re-plumb

building permit

SAFETY INSPECTION* (Residential and single apartment

(residential ONI\()\)

MINOR PLUMBING

(residential ONLY)

D ELECTRIC

C CAS

(residential ONLY)

C Heat Pump

HOUSE CARAGE

#SQUARES Material:

☐ TEAR-OFF C RESHEET Electric Service Change

O New electric circuits

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

☐ Heat pump or elect.

O Package O Split system O Roof mount O Cut-in

units ONLY)

O SMUD

□ PGE

Water Service Replacement O Sewer Service Replacement

DRY ROT OR TERMITE

Other (describe

poow 🗀

SIDING

O T-111 - Horiz O vinyl

below)

Value of duct work:: Equipment: \$ Cut-in: \$

□ Wall furnace

unit to gas.

(Describe locations below)

DAMAGE REPAIR