

05/16/11

FAXBACK PERMIT APPLICATION
(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day
Contractors must have a current certificate of Worker's Compensation Insurance
Work started before a Building Permit is issued will be subject to quad fees.



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

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) COMMERCIAL (limited)

Job Address: 5712 McAdoo Ave.	Contract Price \$ 5200.	Unit #
Parcel Number: 005-0211-015	CONTACT PHONE: 427-6037	
CONTACT PERSON: Jeff Wolfe	Contractor: Jeff's Plumbing	License # 702292
Property Owner:	Address: P.O. Box 23128	
Address: 5712 McAdoo Ave.	City/State/Zip: SAC CA 95823	
City/State/Zip: SAC CA	Phone: 427-6037	FAX: 391-0161
Phone:		

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

Description of Work: Repair water line
Romero Way

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ <input type="checkbox"/> GARAGE <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shrub	(Residential ONLY) <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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work _____ Equipment # _____ Cut in _____ Design fees and permit may be required	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input checked="" 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 <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMIH <input type="checkbox"/> PGR * PGR - Corrosion Control items will require a separate building permit	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input checked="" type="checkbox"/> Re-wire Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input checked="" type="checkbox"/> Re plumb Water <input type="checkbox"/> Washin
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