



CITY OF SACRAMENTO
 www.cityofsacramento.org
 Help Line: 1-916-908-5555 OR 1-866-52-PERMIT
 Inspection Request: 1-916-908-7822

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: 8-2-05

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

PAID

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED: AIG 8 9 2005

Job Address: 6318 Broadway Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: GAIL HONRA Unit # _____ Contractor Price: 2400
 Property Owner: ANNE POWERS Phone #: 726-1970 Email: _____
 Address: 6318 Broadway Contractor: All Pro Plumbing License #: 6683473
 City/State/Zip: SAC CA 95840 Address: 7250 Auburn Blvd.
 Phone: 916-612-5932 City/State/Zip: CITRUS HEIGHTS CA, 95610
 Phone: 916-726-1970 Fax: _____
 Nature of Work: Provide description of work & indicate type of work in selections below.
 Pre-Registered? YES NO Registration # _____

Description of Work: REPAIR SEWER LINES TO OUTSIDE CLEANOUT, REPAIR WATER LINES, REPLACE WATER HEATER, REPLACE WATER SERVICE MAIN FROM STREET TO HOUSE

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input checked="" type="checkbox"/> Water Service Replacement <input checked="" type="checkbox"/> Sewer Service Replacement <input checked="" type="checkbox"/> Gas Line Replacement <input checked="" type="checkbox"/> Re-plumb <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: 8/2/05 Processor's Initials: [Signature] Permit #: 051492