



Fax # (916) 264-1901

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.

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 (united)

Job Address: 2325 Turner Avenue

Contract Price \$ 1,000

Parcel Number:

CONTACT PHONE: 916-456-4738

CONTACT PERSON: Robert Holcomb

Contractor: McDonald PHAC License # 387145

Property Owner: Robert Holcomb

Address: 3618 Broadway

Address: 2325 Turner Avenue

City/State/Zip: Sacramento, CA 95817

City/State/Zip: 500 CA 95822

Phone: 916-456-4738

Phone: 928-4485

FAX: 916-456-8244

Unit #

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

Description of Work: Water heater c/o

RESIDENTIAL PERMIT APPLICATION

<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"/> Vert <input type="checkbox"/> Stucco	<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"/> Outdoor <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Free Place insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<input checked="" type="checkbox"/> WATER HEATER <input type="checkbox"/> ELECTRIC <input checked="" 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"/> DRY ROT OR HERBATE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Midspan/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* Residential and single-apartment units ONLY <input type="checkbox"/> SMOKE <input type="checkbox"/> PG&E *NOTE: Corrections Notice items will require an additional building permit.	<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-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste IFR Faxback Permit updated 12/09/01
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* Design Review approval may be required.

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