



53083

DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Facel request must be received in this office 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 a fine.

AUG 01 2005
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

By: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (Mixed)

CONTRACT PRICE \$ 5,746.00

JOB ADDRESS: 1220 Chuekuegon Drive UNIT # _____
CONTACT PERSON: Linda

CONTACT PHONE: 452-4154

Property Owner: Ronald Reaf's
Address: 1220 Chuekuegon Drive
City/State/Zip: Sacramento CA 95834
Phone: 916-359-1229

Contractor: Park Mechanical, Inc. License # 335561
Address: 7975 Ramona Avenue
City/State/Zip: Sacramento, CA 95826
Phone: 916-452-4154 FAX: 916-452-5557

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEED <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <u># of STAIRS</u> _____ #SQUARES _____ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input checked="" type="checkbox"/> Steel 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 ductwork: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> WATER HEATER (Residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> New <input type="checkbox"/> Repair	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (Residential ONLY) <u>for HVAC</u> <input type="checkbox"/> Electric Service Change # amp _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> DSMUD <input type="checkbox"/> PGB *NOTE: Correction Notice hours will require an additional building permit
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DESCRIPTION OF WORK: Replace HVAC split HP system like for like

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required for rooftop units.

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