



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:

Fax # (916) 264-1901

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 1632 - 53 RD ST	Contract Price \$ 5,900.00	Unit #
Parcel Number:	CONTACT PHONE: 457-6007	
CONTACT PERSON: Tom CAPORECO	Contractor: MERIT HEMMINGWAY License # 735542	
Property Owner: Tom CAPORECO	Address: 5451 WAREHOUSE WAY #129	
Address: 1632 - 53 RD ST	City/State/Zip: SACR. CA. 95819	
City/State/Zip: SACR. CA. 95819	Phone: 682-8574	
Phone: 457-6007	FAX: 387-8032	

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

Description of Work: CHANGE OUT EXISTING HVAC ROOF PACKAGE UNIT

<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"/> Stucco	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" 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: \$	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input 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 TERMITES DAMAGE <input type="checkbox"/> Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> MudSill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> Design Review approval may be required.	(Residential ONLY) 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
--	--	--	---

* Design Review approval may be required.

* NOTE: Correction Notice items will require an additional building permit.

IVR Faxback Permit updated 12/09/01