

City of Sacramento



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:

Job Address: 2134 X STREET SACRAMENTO, CALIFORNIA 95818
Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Unit #

Parcel Number: _____ Contract Price \$ 100,000.00

CONTACT PERSON: JOHN ZUMWALT CONTRACTOR: ZUMWALT AND ASSOCIATES License # 763019

Property Owner: GREG HOUZOMAK TIN ASS'N Address: 4801 PASADENA AVENUE

Address: 2134 X STREET City/State/Zip: SACRAMENTO, CA 95841

City/State/Zip: SACRAMENTO, CA 95841 Phone: 916. 918. 9600 FAX: 918. 9672

Phone: 916. 421. 0330 JOHN ZUMWALT

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

Description of Work: TEAR OFF AND DISPOSE EXISTING SINGLE LAYER BUILT UP CAP SHEET ROOFING. ROWE OVER PREPARED DECKING WITH 12 YEAR CERTIFICATE SPECIFICATIONS M-N-PdA.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input type="checkbox"/> HOUSE <input type="checkbox"/> HOUSE # SQUARES 3+ # Stories 1 Material: 12 year certificate specifications M-N-PdA	<input type="checkbox"/> HVAC INSTALLATIONS (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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	<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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Interior * Design Review approval may be required.	<input type="checkbox"/> PLUMBING <input type="checkbox"/> Electric Service Change <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
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* NOTE: Correction Notice items will require an additional building permit.

* Design Review approval may be required.

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IVR Faxback Permit updated 12/09/01