



PLANNING BUILDING DEPARTMENT BUILDING DIVISION  
 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 (limited)

Job Address: 3902 E STREET Parcel Number: \_\_\_\_\_ Unit # \_\_\_\_\_  
 CONTACT PERSON: DAVID OLSON Phone: \_\_\_\_\_  
 Property Owner: DAVID OLSON  
 Address: 3902 E STREET  
 City/State/Zip: SACRAMENTO CA 95814  
 Phone: \_\_\_\_\_  
 CONTRACTOR: McDONALD PLUMBING License #: 367145  
 Address: 3618 Broadway  
 City/State/Zip: Sacramento, CA 95817  
 Phone: 916-456-4739 FAX: 916-456-8357

NATURE OF WORK: Provide detailed description of work & indicate type of work in selections below  
WATER SERVICE  
 CITY OF SACRAMENTO  
 PAID  
 AUG 04 2005

<input type="checkbox"/> RE-ROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # SQUARES <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Shingle	<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"/> Other <input type="checkbox"/> Head pump or elec unit to gas <input type="checkbox"/> Wind furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below)	<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"/> Floor/joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Marked/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* <input type="checkbox"/> Residential and single apartment units ONLY <input type="checkbox"/> SMOOD <input type="checkbox"/> PG&E	<input checked="" type="checkbox"/> Water Service Replacement <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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Value of direct work: \_\_\_\_\_  
 Equipment \$: \_\_\_\_\_  
 Out-let \$: \_\_\_\_\_  
 \*Design Review approval may be required.

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MPR Faxback Permit system 12/2004