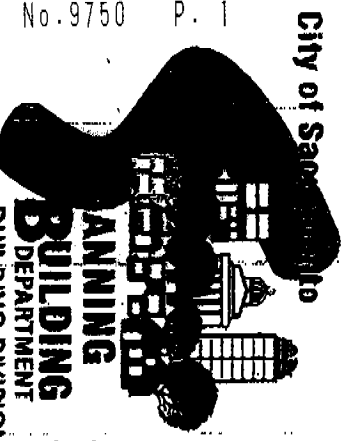


FAXBACK PERMIT APPLICATION
(certain restrictions apply)



X51022

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.

OS/100 94
Area 3

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: 4025 14th Ave Unit # _____
Parcel Number: 014-0271-013
CONTACT PERSON: Terry or Michelle
Property Owner: Elaine Mendota
Address: 4025 14th Ave
City/State/Zip: Sac CA 95822
Phone: 916 452 6641
RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Credit Card Info on File? Yes No

Contract Price \$ 5275.00
CONTACT PHONE: 916 452-7199
Contractor: Century Homestead Inc License # 700835
Address: 4580 Tower Ln Rd
City/State/Zip: Sac CA 95822
Phone: 916-452-7199 FAX: 916-452-7198

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

Description of Work: 10 & Replace 16 sqs of 30 yr alu comp CITY OF SACRAMENTO JUL 11 2005

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # Stories: 1 # SQUARES: 16 Material: 30 yr alu comp	<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"/> 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 HEATING AND DEVELOPMENT <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 REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<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
<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	* Design Review approval may be required.		

* Design Review approval may be required.

* Design Review approval may be required.

*NOTE: Correction Notice items will require an additional building permit.
N/R Faxback Permit updated 5/20/05