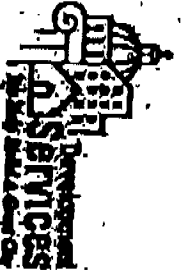




**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 2017/2018/2019/2020/2021  
 Help Line: 1-916-400-2278 OR 1-800-424-2647  
 Fax: 1-916-400-2722



North Permit Center  
 1101 Arco Blvd., Suite 201, Sacramento, CA 95834

Fax: 916-400-2778

Activity # 0609303  
 \$ 78.83

**RAXED PERMIT APPLICATION**  
 (penalty schedule apply)

Date: 6-19-06

Permit request must be received in this office by 5:00 P.M. to be processed the following working 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 civil fine.

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

Job Address: 7921 Acadia ST.  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (public)  
 Contact Person: Pat Anderson Unit # \_\_\_\_\_ Contractor Price \$ \_\_\_\_\_  
 Property Owner: Leila Ablesco Contractor: Quincy Property Services 6046541  
 Address: 7921 Acadia ST Address: 4555 Auburn Blvd  
 City/State/Zip: Sac 95823 City/State/Zip: Sac CA 95821  
 Phone: 391-6562 Phone: 971-9161 Fax: \_\_\_\_\_  
 Nature of Work: Water heater replacement  
 Description of Work: old water heater

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Rakeoff <input type="checkbox"/> Remove <input type="checkbox"/> Garage <input type="checkbox"/> Finish <input type="checkbox"/> Basement <input type="checkbox"/> Mastic <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> 1-111 <input type="checkbox"/> Electric <input type="checkbox"/> Vinyl <input type="checkbox"/> Epoxy Design Review approval may be required.	<input type="checkbox"/> HVAC Installation (Standard Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Packaged <input type="checkbox"/> Split System <input type="checkbox"/> Heat exchanger <input type="checkbox"/> Coil <input type="checkbox"/> Heat pump or other unit in place. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (specify below) Volume of duct work: _____ Equipment: _____ Code: _____ Design Review approval may be required.	<input checked="" type="checkbox"/> Water Heater (Standard 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"/> Backflow <input type="checkbox"/> Dry Out or Treat <input type="checkbox"/> Damaged Repair <input type="checkbox"/> (Standard Ladder Job) Design Review approval may be required.	<input type="checkbox"/> Water Electric and/or Floor Finishing (Standard Only) <input type="checkbox"/> Electric Service Change if amps <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"/> Repairs <input type="checkbox"/> Water <input type="checkbox"/> Waste Design Review approval may be required.	<input type="checkbox"/> Public Utilities Utility Inspection (Standard and single residential units only) <input type="checkbox"/> SUD <input type="checkbox"/> PUEB * NOTE: Correction Notices issued will require an additional building permit.
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