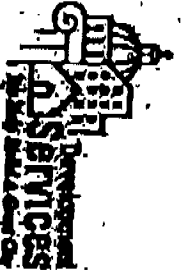




**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 207/257/3300



Permit Fee: \$18,400-1901  
 Downtown Permit Center, New City Hall  
 8181 Street 37<sup>th</sup> Floor, Sacramento, CA 95814  
 Main Office: 1-916-498-2200 OR 1-800-424-7691  
 Fax: 1-916-498-2278  
 1101 Arco Blvd., Suite 200, Sacramento, CA 95834

Activity # 0609303  
 \$ 78.83

**RAXED PERMIT APPLICATION**  
 (separate application 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.  
 Contact Person: Pat Anderson  
 Property Owner: Leila Ablesco  
 Address: 7921 Acadia ST  
 City/State/Zip: Sac 95823  
 Phone: 391-6562  
 Nature of Work: Water heater  
 Description of Work: cpd water heater

Unit # \_\_\_\_\_  
 Estimated Price: \_\_\_\_\_  
 Estimated Price: \_\_\_\_\_

Contractor: Quality Appliance Services 6046541  
 Address: 4555 Auburn Blvd  
 City/State/Zip: Sac CA 95821  
 Phone: 971-9161 Fax: \_\_\_\_\_

<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"/> Mosaic <input type="checkbox"/> Blading <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 <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Package <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) Nature 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"/> (Specify Location Below) 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 replacement only) <input type="checkbox"/> S&UD <input type="checkbox"/> P&S NOTE: Correction Notices issued will require an additional building permit.
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