

X51019

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.



**PLANNING BUILDING DEPARTMENT BUILDING DIVISION**

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes  No

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: 1417 57th St.	Contract Price \$ 6735.00	Unit #
Parcel Number:	CONTACT PHONE: 916-452-7199	
CONTACT PERSON: Terry or Michele	Contractor: Century Homestead Inc	License # 708835
Property Owner: Rudy Schneider	Address: 4580 Phoebe Inn Rd	
Address: 1417 57th St	City/State/Zip: SAC CA 95819	
City/State/Zip: SAC CA 95819	Phone: 916-452-7199	FAX: 916-452-7199

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

Description of Work: to replace 24 sq ft of div comp; 19 on house, 5 on detached garage

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input checked="" type="checkbox"/> GARAGE # SQUARES 2 3+ # Stories 2 3+ Material: <u>div comp</u>	(Residential ONLY) <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"/> Cuf-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: \$ Cuf-in: \$ * Design Review approval may be required.	(Residential ONLY) <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"/> Recipitate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) MINOR ELECTRIC and/or MIRROR PLUMBING <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
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I/R Faxback Permit updated 12/09/01