



CITY OF SACRAMENTO
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: 5000 19th Avenue Unit # _____
 Parcel Number: _____
 CONTACT PERSON: Diane
 Property Owner: Frank Ken Neurocos
 Address: 5500 19th Avenue
 City/State/Zip: Sacramento, CA 95820
 Phone: 451-2945

Contract Price: \$4,800
 CONTACT PHONE: 916-456-4738
 Contractor: McDonald PHAC License # 387145
 Address: 3618 Broadway
 City/State/Zip: Sacramento, CA 95817
 Phone: 916-46-4738 FAX: 916-456-8257

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

Description of Work: HVAC change out split system

<input type="checkbox"/> REMOOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or extd. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Free Place Insert <input type="checkbox"/> Other (describe below) Value of duct work Equipment \$ _____ Labor \$ _____	<input type="checkbox"/> WATERHEATER <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"/> PUBLIC UTILITIES SAFETY INSPECTION* Residential and single apartment units ONLY <input type="checkbox"/> SAKID <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	<input type="checkbox"/> MINOR ELECTRICAL and/or MINOR 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

[Signature]
 05/17/22
 AREA 3