



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-6666 OR 1-800-82-PERMIT PAID
 Inspection Request: 1-916-499-7222

AUG 03 2005

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

MINOR PERMIT APPLICATION

Faced/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a fine.

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required).

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

Job Address: 5979 Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

CONTACT INFO Name: DOUGLAS GENTLY Phone #: 916 470 1698 Contract Price: 400

Property Owner: GINA THOMAS Unit # Contractor: OWNER BUILDER License #:

Address: 5979 RAYMOND WY. City/State/Zip: SACP CA 95820

City/State/Zip: SACP CA 95820 City/State/Zip: Phone: Pre-Registered? YES NO Fax: Registration #

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: REPLACE APPROX 30 FEET 4" SEWER LINE BETWEEN C/O & COUNTY TWP.

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <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	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
<input type="checkbox"/> Dry Rot or Termites <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input checked="" type="checkbox"/> Waste			

Office Use Only: Parcel #: _____ Date Received: 8-3-2005 Date Issued: _____ Processor's Initials: _____ Permit #: _____

OSTISS33 AREA