



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: 1702 W 16th St. Unit # _____
 Parcel Number: ~~1702 W 16th St.~~ HOCHS 006-022-001
 CONTACT PERSON: Jeff Wolfe
 Property Owner: _____
 Address: 1702 W 16th St.
 City/State/Zip: Sacto. CA 95823
 Phone: _____
 Contract Price \$ 5400
 CONTACT PHONE: 427-6037
 Contractor: Jeff's Plumbing License # 702292
 Address: P.O. Box 231128
 City/State/Zip: Sacto CA 95823
 Phone: 427-6037 FAX: 391-0161

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

Description of Work: Repair approx 60' of 4" & 30' of 2" Drain & Sewer
 Clean waste downstair with gas piping resonating to existing piping.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES # Stories 1 2 3+ Material:	<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"/> Coil in <input type="checkbox"/> Heat pump or elect. unit to gas.	<input type="checkbox"/> WATER HEATER <input checked="" type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire Replacement
<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"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Root Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUJ <input type="checkbox"/> PRSAL	(Residential ONLY) <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input checked="" type="checkbox"/> Water Waste