



CITY OF SACRAMENTO

www.cityofsacramento.gov
 Help Line: 1-916-908-5636 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 10-18-05

Foradweb 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 grand fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

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

Job Address: 315 36th Ave WY RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) \$8,000.00

CONTACT INFO Name: Jerry Phone #: 454-0972 Email: Contract Price

Property Owner: Pat & Kay Libbe Contractor: Allstate Plumbing License # 576561

Address: 315 36th Ave WY Address: 5485 Hemlock St,

City/State/Zip: Sacramento, CA City/State/Zip: Sacramento CA 95841

Phone: # 224-7928 Phone (916) 454-0972 Fax: (916) 338-9444

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # _____

Description of Work: Replumb Kitchen, Replumb Bathroom, Replace Underhatch w/new Vent.

<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"/> Shingle	<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"/> Out-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 \$ _____ Out-in \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Re-labate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SNAUD <input type="checkbox"/> PG&B * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: 10/19/05 Date Issued: 10/19/05 Permit #: 0516524