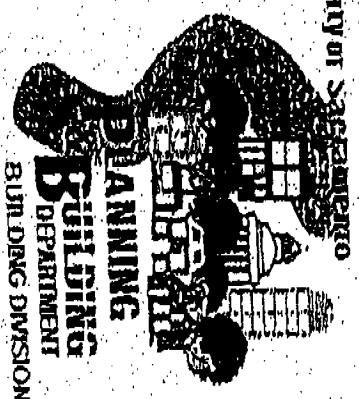


CITY OF SACRAMENTO



PLANNING BUILDING DEPARTMENT
BUILDING DIVISION
Fax # (916) 264-1901

FAXBACK PERMIT APPLICATION
(certain restrictions apply)

Permits requiring plan review are not eligible for FAXBACK
 In order to process this request, ALL of the following information MUST be provided:
 Permitted 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.

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (rental)

Job Address: 1161 LANCASTER WAY
 Parcel Number: 016-0031-013
 CONTACT PERSON: Diane
 Property Owner: JEROY & ANNE EHRHARDT
 Address: 1161 LANCASTER WAY 95822
 City/State/Zip: SACRAMENTO CA 95822
 Phone: 916-456-4738
 Fax: 916-456-8357

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

Description of Work Description of Work Description of Work	(Residential ONLY) <input type="checkbox"/> REAR-OF (including tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES 1 2 3+ Stores aterial	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Spa system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cat-in <input type="checkbox"/> Heat pump or elect. unit in gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work Equipment: \$ Cat-in: \$	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Back to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> Ther	(Residential ONLY) 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
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* Design Review approval may be required.
 * NOTE: Correction Notice items will require an additional building permit.
 NVR Faxback Permit updated 12/09/01