038-0347-002

CITY OF SACRAMENTO

Development Services
We Help Build A Great City

www.cityofsacramento.org
Help Line: 1-916-808-5656 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 Arena Blvd., Suite 200
Sacramento, CA 95834

Fax # 916-264-1901

0511846

MINOR PERMIT APPLICATION

Date: 8-8-05

Faxed/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 quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
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: 6304 Glenhills Way Bldg Type: ☑ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited) Unit #_____ Contract Price _____

PAID
CITY OF SACRAMENTO
AUG 0 8 2005
NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

CONTACT INFO Name: _____ Phone #: _____ Email: _____

Property Owner: Fidencio/Juana CARMONA	**Contractor:**		**License #:**
Address: 6304 Glenhills Way	**Address:**		
City/State/Zip: Sacto. CA. 95824	**City/State/Zip:**		
Phone: (916) 387-0315	**Phone:**	**Fax:**	
Nature of Work: Provide description of work & indicate type of work in selections below.	**Pre-Registered?**	YES ☐ NO ☐	**Registration #**

Description of Work: $ 18545

☑ **Reroof** (excluding tile)
- ☑ Tear-Off
- ☐ Resheet

☑ House ☐ Garage

Stories: 1

Squares: 24

Material: 30yr Comp.

☐ **Siding**
- ☐ Wood
- ☐ T-111
- ☐ Horiz
- ☐ Vinyl
- ☐ Stucco

☐ **HVAC Installations**
(Residential Only)
☐ Change-out ☐ New
- ☐ Heat Pump
- ☐ Package
- ☐ Split system
- ☐ Roof mount
- ☐ Cut-in
- ☐ Heat pump or elect. unit to gas.
- ☐ Wall furnace
- ☐ Other (describe below)

Value of duct work:
Equipment: $_____
Cut-in: $_____

☐ **Water Heater**
(Residential Only)
☐ Electric ☐ Gas
☐ Change-out
- ☐ Electric to Gas
- ☐ Relocate
- ☐ New

☐ **Dry Rot or Termite Damage Repair**
- ☐ Flooring/Joists
- ☐ Mudsill/Studs
- ☐ Roof Structure
- ☐ Exterior

☐ **Minor Electric and/or Minor Plumbing**
(Residential Only)
☐ Electric Service Change
amps _____
- ☐ New electric circuits
- ☐ Re-wire

☐ Water Service Replacement
☐ Sewer Service Replacement
☐ Gas Line Replacement
☐ Re-plumb
- ☐ Water ☐ Waste

☐ **Public Utilities Safety Inspection**

(Residential and single apartment units Only)

☐ SMUD ☐ PG&E

* **NOTE** *
Correction Notice items will require an additional building permit.

Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	**Permit #:**