



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901**

DATE: 5.15.05

0506594

- Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
- Note: Contractors must have a current certificate of Worker's Compensation Insurance.
- Note: Work started before a Building Permit is issued will be subject to grid fees.
- IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

JOB ADDRESS: 1381 8th Avenue UNIT # \_\_\_\_\_ → CONTRACT PRICE \$ 7120.00  
 → CONTACT PERSON: ARON WILSON → CONTACT PHONE: 916-922-3995

Property Owner: Tom Buck Contractor: KLEEN AIR  
 Address: 1381 8th Avenue Address: 1057 SILICA AVENUE  
 City/State/Zip: Sacramento ca 95818 City/State/Zip: SACRAMENTO CA 95815  
 Phone: \_\_\_\_\_ Phone: 916-922-3995 FAX: 916-920-8409

**NATURE OF REQUEST:** Indicate from the selections below

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEAT  SQUARES _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW  <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC  <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New Cost of equipment: \$ _____	<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"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> POC *NOTE: Correction Notice items will require an additional building permit
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**DESCRIPTION OF WORK:** Furnace coil Condenser Change out