

0508571



CITY OF SACRAMENTO

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

MINOR PERMIT APPLICATION

Date: 22 JUN 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: 2065 57th St Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Unit # 2650 Contract Price 2650

CONTACT INFO Name: _____ Phone #: _____ Email: _____	Contractor: <u>PLUMBING CONNECTIONS</u> License #: <u>820488</u>
Property Owner: <u>VEDA RUSSELL</u>	Address: <u>4120 DOUGLAS BLVD #306-533</u>
Address: <u>2065 57th St</u>	City/State/Zip: <u>GRANITE BAY CA 95746</u>
City/State/Zip: <u>SACRAMENTO CA 95817</u>	Phone: <u>(916) 442-5536</u> Fax: _____
Phone: _____	Pre-Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO Registration # _____

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: REPLACE HOT+COLD WATER SUPPLY UNDER HOUSE

<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"/> Stucco	<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"/> Cut-in Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitte Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input checked="" 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-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input checked="" type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: <u>0110163012</u> Date Received: <u>6/22/05</u> Date Issued: <u>6/22/05</u> Processor's Initials: <u>RAC</u>	Permit #: <u>0508571</u>
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