

# FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed 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.

OS/1655  
MEX-2

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information **MUST** be provided:

Fax # (916) 264-1901  
Inspection Request # (916) 264-7022  
Credit Card Info on File? Yes  No

Job Address: 3777 ROBERTS BLVD WY  
Parcel Number: RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

CONTACT PERSON: ROBERTS WY  
Property Owner: MYLE ALLEN  
Address: 3777 ROBERTS BLVD WY  
City/State/Zip: SAC CA 95833  
Phone: 488-7197

Contract Price \$ 6,950  
CONTACT PHONE: 916-442-5542  
Contractor: SWITZERLAND AIR License # 588096  
Address: 3845 ATRINGTON ROAD, SUITE 4  
City/State/Zip: ROCKLIN CA 95765  
Phone: 916-442-5542

Description of Work: HVAC SPLIT SYSTEM CHANGE OUT  
NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below) CITY OF SACRAMENTO  
AUG 0 5 2005  
FAX 916 435-4187

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ <input type="checkbox"/> GARAGE <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 checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT Heat Pump Package Split system Roof mount Cut-in Heat pump or elect. unit to gas. Wall furnace Fireplace insert Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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 <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR Flooring/Joists Roof Structure * Design Review approval may be required. <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.	(Residential ONLY) <input type="checkbox"/> MINOR ELECTRIC 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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