



CITY OF SACRAMENTO
 Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 www.cityofsacramento.org
 Help Line: 1-916-808-5888 OR 1-888-EZ-PERMIT
 Inspection Request: 1-916-808-7622
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 080205

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 a fine fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM. **PAID**
 Design Review and Historic Preservation approval may be required if job address is located in those areas (address not shown). SACRAMENTO

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED: AIRC 4 2005

Job Address: 1215. 7th Ave Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) 755809
 CONTACT INFO Name: TONY STEPHENS Unit # _____ Contract Price: _____
 Property Owner: SERA & BANKS LOUHAN Address: 1215. 7th Ave License #: 7517806
 City/State/Zip: SACRAMENTO CA 95818
 Phone: (916) 442-3052 Contractor: AIR SOLUTIONS
 City/State/Zip: SACRAMENTO CA 95818
 Phone: 916 444 7816 Fax: 916 444 7895
 Nature of Work: Provide description of work & indicate type of work in selections below.
 Pre-Registered? YES NO Registration # _____

Description of Work: REPLACE EXISTING SPLIT SYSTEM

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Re-roof <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Settings	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> 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"/> 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"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
<input type="checkbox"/> Office Use Only:	<input type="checkbox"/> Damage Repair <input type="checkbox"/> Dry Rot or Fungus <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"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<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"/> Water <input type="checkbox"/> Waste	* NOTE * Correction Notice items will require an additional building permit.
Parcel #:	Date Received:	Date Issued:	Processor's Initials:	Permit #: