

CITY OF SACRAMENTO



BUILDING DIVISION  
FAX # (916) 264-1901

**FARBACK 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.

Permits requiring plan review are not eligible for FARBACK.

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: <u>1401 20th Street</u>	Contract Price: <u>\$5,200</u>	Unit #
Parcel Number: <u>010-0275-004</u>	CONTACT PHONE: <u>916-456-4738</u>	
CONTACT PERSON: <u>Diane</u>	Contractor: <u>McDonald PHAC</u>	License # <u>387145</u>
Property Owner: <u>Barth Octaviano</u>	Address: <u>3618 Broadway</u>	
Address: <u>1401 20th Street</u>	City/State/Zip: <u>Sacramento, CA 95817</u>	
City/State/Zip: <u>Sacramento, CA 95818</u>	Phone: <u>916-456-4738</u>	FAX: <u>916-456-8257</u>
Phone: <u>452-7694</u>		

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: HVAC change out package

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE # SQUARES 1 2 3+	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" 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.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Boil to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	(Residential ONLY) <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud-sill/Sheds <input type="checkbox"/> Siding <input type="checkbox"/> F-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shlucro	(Residential ONLY) MINOR ELECTRICAL 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"/> Repairs <input type="checkbox"/> Water <input type="checkbox"/> Waste
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> F-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shlucro	Value of total work Equipment: \$ Labor: \$ * Design Review approval may be required.	<input type="checkbox"/> PUBLIC UTILITIES SAFETY RESPECTION* (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.	NR Farback Form updated 12/2001	

*[Signature]*  
08/17/05  
AREA 2

\* Design Review approval may be required.