



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

DATE: TUE

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 grand fee.

[Signature]
05/16/18
AREAS

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

JOB ADDRESS: 5304 55th St UNIT # 1 ⇒ CONTACT PERSON: April Espinoza ⇒ CONTACT PHONE: 3102-2822
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 ⇒ CONTACT PRICE \$ 10461

Property Owner: Angela Noel & Claudia Contractor: Neo Century Air License # 718749
 Address: 5304 55th St Address: 3129 Fite CRJ#130
 City/State/zip: Sac CA 95822 City/State/zip: Sac CA 95827
 Phone: 451-2959 Phone: 3102-2822 FAX: 3102-9011

NATURE OF REQUEST: *Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> RENOV (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE 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 checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input checked="" type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input 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"/> 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 TERMITTE DAMAGE REPAIR (Describe locations below)	<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"/> Waste <input type="checkbox"/> Water	<input type="checkbox"/> PUBLIC UTILITIES <input type="checkbox"/> SAFETY INSPECTION* (Residential and single-unit commercial) CITY OF SACRAMENTO AUG 05 2005 <input type="checkbox"/> SMMUD NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: HVAC Gas packages cut in HOPE Electric Service
 Parcel # 025 021 017 0055

Note: Design Review approval may be required in certain areas.

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