



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

DATE: 5/6/15

WAS Permit #

[Handwritten signature]

- 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 grad fees.
- IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

JOB ADDRESS: 3709 23rd Ave UNIT # _____ CONTRACT PRICE \$ _____
 ⇒ CONTACT PERSON: AARON WILSON ⇒ CONTACT PHONE: 916-922-3995

Property Owner: Beltra Ernesto
 Address: 3709 23rd Ave
 City/State/Zip: Sacramento CA
 Phone: 736-1847
 Contractor: KLEEN AIR
 Address: 1657 SILICA AVENUE
 City/State/Zip: SACRAMENTO CA 95815
 Phone: 916-922-3995 FAX: 916-920-8409

NATURE OF REQUEST: Indicate from the selections below

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED SQUARES _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Package <input type="checkbox"/> Split System <input type="checkbox"/> Roof mount <input type="checkbox"/> Out-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"/> 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"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE
<input type="checkbox"/> Siding <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of duct work: _____ Equipment \$ _____ Cost of equipment: <u>9660</u> Note: Design Review approval may be required.	Note: Design Review approval may be required.		

DESCRIPTION OF WORK: Permit to Reopen Closed Permit #9807468 For Final Inspection.

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