



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-264-5658 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-4677



Downtown Permit Center
 1231 I Street, Suite 200, Sacramento, CA 95814
 North Permit Center
 2101 Arden Blvd., Suite 200, Sacramento, CA 95834
 Fax # 916-264-1901

Activity # 0609670

MINOR PERMIT APPLICATION
 (certain restrictions apply)

Date: 6-23-06

Faced 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 grand fee.

Permits requiring Plan Review are not eligible for FAXBACK

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

\$191.92

Job Address: 5820 Hollister way RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (Insipd)
 Contact Person: ITSA Corp Unit # _____ Contract Price \$9,298
 Property Owner: Ken Chen Contractor: Arons cooling & heating License # 636863
 Address: 5820 Hollister way City/State/Zip: Sac CA 95811 Address: 3105 O St #135 City/State/Zip: Sac CA 95811
 Phone: (916) 924-5970 Phone: 4228822 Fax: 4551404
 Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
 Description of Work: HVAC Change Out

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # 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 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"/> 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 Termite Damage Repair (Describe Location 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"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMLUD <input type="checkbox"/> PG&E
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*Design Review approval may be required.

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NOTE:
 Correction Notice items will require an additional building permit.

Minor Permit