

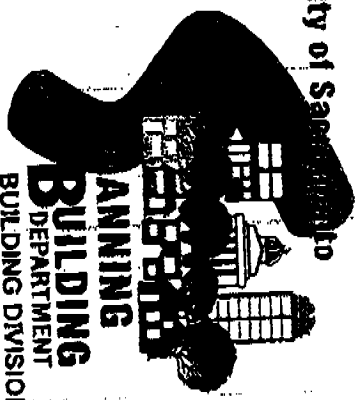
FAXBACK PERMIT APPLICATION

(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.

[Signature]
OS/ISSS
MERA 4

Permits requiring plan review are not eligible for FAXBACK
In order to process this request, ALL of the following information MUST be provided:



City of Sacramento
BUILDING DEPARTMENT
BULIDNG DIVISION
Fax # (916) 264-1901
Inspection Request # (916) 264-7622

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

Job Address: 74 CENTURY CIRCLE
 Parcel Number: 225-0612-020
 CONTACT PERSON: TERRY & MICHELLE
 Property Owner: 1123 LBS GRAND
 Address: 34 CENTURY CIR
 City/State/Zip: SAC CA 95822
 Phone: 452-0121

Contract Price \$ 4700.00
 CONTACT PHONE: 452-7759
 Contractor: CENTURY HOMESTEAD
 Address: 4530 POWER BLVD
 City/State/Zip: SAC CA 95820
 Phone: 452-7799
 License #: 700835
 FAX: 452-7798

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

Description of Work: REMOVE & REPLACE GAS SIGNS AT OVER CONCRETE SIDING

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ <input type="checkbox"/> GARAGE # SQUARES _____ # Stories _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <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 <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SMUD *NOTE: Correction Notice items will require an additional building permit.	<input type="checkbox"/> MINOR ELECTRIC 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"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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SIDING
 Wood
 T-111
 Horiz
 Vinyl
 Stucco
 Fiberglass cement
 * Design Review approval may be required.