



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-6Z-PERMIT
Inspection: 1-916-808-7822

Fax # 916-808-1901
Downtown Permit Center, New City Hall
9151 Street, 3rd Floor Sacramento, CA 95814

North Permit Center
2101 Arden Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # 01091671

FAXED PERMIT APPLICATION
(certain restrictions apply)

Date: 6/26/06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
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 fines.

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

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

Job Address: 2716 Honeyuckle Way

Unit # _____ Contract Price \$ 12,220

Contact Person: Katie Dyane

Contact Phone: 916-979-1888

Property Owner: Don McGee

Contractor: Tom Yancey Co. License # 549999

Address: 2716 Honeyuckle Way

Address: 7101 Fair Oaks Blvd

City/State/Zip: Sacramento, CA 95826

City/State/Zip: Goicochea, CA 95608

Phone: 916-383-7793

Phone: 916-979-1888 Fax: 916-979-1893

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).
Description of Work: Tear off Comp, reapply 30 year Comp

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>25 1/2</u> Material: <u>Comp</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shlaco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cur-in <input type="checkbox"/> Heat pump or elec. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment \$ _____ Duct-ins: \$ _____	<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 <input type="checkbox"/> 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"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (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.
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* Design Review approval may be required.

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916-979-1888

FROM: TOM YANCEY COMPANY

FAX NO.: 9169791893

Jun. 26 2006 07:42AM P1