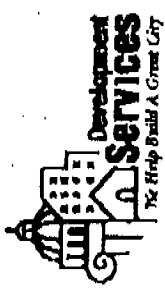


CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOF.SACRAMENTO.CA.GOV
 Help Line: 1-916-808-5658 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7672



Fax # 916-408-1901 Downtown Permit Center, New City Hall
 815 I Street, 3rd Floor, Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834
 Fax # 916-408-8370

Activity # 0615439 **FAXED PERMIT APPLICATION**
 (certain restrictions apply)
 Date: 10/3/06

\$ 9,755

*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 grand fee.

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

fee \$ 192.78

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 1430 42nd Street Unit # 9755 Contract Price \$ 9755.00
 Contact Person: Bottle Payne Contact Phone: 916-979-1888
 Property Owner: Mart Stetzer Contractor: Tom Yancey Co. License # 549999
 Address: 1430 42nd Street Address: 7101 Fair Oaks Blvd
 City/State/Zip: SACRAMENTO, CA 95819 City/State/Zip: CA 95608
 Phone: 425-1104 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: Tea off shake. Apply 40 yr comp

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>2</u> # Squares: <u>22</u> 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 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"/> 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: \$ _____ * Design Review approval may be required.	<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 Locations Below) * Design Review approval may be required.	<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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