



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.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, All of the following information **MUST** be provided:

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

Address: 7715 105 BARKHILL WAY Unit # _____
 Parcel Number: 031-1260-061
 CONTACT PERSON: Drane
 Property Owner: HENRY BROWN
 Address: 7715 105 BARKHILL WAY
 City/State/Zip: SACRAMENTO, CA 95831
 Phone: _____
 Contractor: McDonald PHAC License # 387145
 Address: 3618 Broadway
 City/State/Zip: Sacramento, CA 95817
 Phone: 916-456-4738 FAX: 916-456-8257
 Contract Price \$ \$200.00

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

HVAC APPROVED (GROUND)

Description of Work:	<input type="checkbox"/> RE-ROOF (including tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE Stories: 1 2 3+ Item #: _____	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" 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"/> Duct-in <input type="checkbox"/> Heat pump or elect. unit no gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ _____ Duct-in: \$ _____	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric In Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* Residential and single apartment units ONLY <input type="checkbox"/> SMOKE <input type="checkbox"/> PG&E	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior *Design Review approval may be required.	<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
	<input type="checkbox"/> SBIMG <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> Residential ONE Y <input type="checkbox"/> Commercial (limited)	<input type="checkbox"/> Residential ONE Y <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric In Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* Residential and single apartment units ONLY <input type="checkbox"/> SMOKE <input type="checkbox"/> PG&E	<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	*NOTE: Correction Notice items will require an additional building permit. MR Faxback Permit updated 12/09/01

Design Review approval may be required.