



Fax # 916-264-1991

05/1522

Facial request must be received in this office by 3:00 p.m. to be processed the following work day.
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 a fine.

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

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

JOB ADDRESS: #6 HEADSBORE COURT

UNIT #

CONTRACT PRICE \$ 18,000.

CONTACT PERSON: Dave Kicker

CONTACT PHONE: 810-952-1996

Property Owner: LARRY DAVIS

Address: #6 HEADSBORE CT

City/State/Zip: SAC, CA 95831

Phone: 916-427-6511

Contractor: ACH-CAL BOUTIQUE

Address: 2988 WINDSOR COURT

City/State/Zip: RESCUE, CA 95672

Phone: 800-958-7996 FAX: 709

License #12934

NATURE OF REQUEST:

Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REMOVE (including the) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> TEAR-OUT <input checked="" type="checkbox"/> REINSET <input checked="" type="checkbox"/> HOUSE CARACAS <input checked="" type="checkbox"/> or STAIRS <input checked="" type="checkbox"/> INCHALISE 	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <ul style="list-style-type: none"> <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 elect. unit to gas. <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Other (describe below) 	<input type="checkbox"/> WATER HEATER (residential ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Upgrade to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New 	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> In-house Service Change of eqns <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"/> One Life Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water 	<input type="checkbox"/> PUBLIC USE BATTERY INS (residential and shi units ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> SMI <input type="checkbox"/> PGE
<input type="checkbox"/> SIDING <ul style="list-style-type: none"> <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Block <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco 	<input type="checkbox"/> Notes: <p>Value of direct worker equipment \$ _____</p> <p>Cost of \$ _____</p> <p>Notes: Design Review approval may be required for roofing units.</p>	<input type="checkbox"/> Notes: <p>Design Review approval may be required in certain areas.</p>		<p>*NOTE: Correction Not will require an building permit.</p>

DESCRIPTION OF WORK: THERMOFLEX SHAKES + INSULATION WITH SHOOTING / 30 CB FEET, 30 year dweeps covering composition.