

City of Sacramento



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)

Credit Card Info on File? Yes No

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Job Address: 1339 PALOMAR UNIT # _____

Parcel Number: 029-0082-010 CONTRACT PRICE \$ 11,600

CONTACT PERSON: JIM MOYLEN CONTRACTOR PHONE: 531-2793

Property Owner: MVA WIFE Contractor: JIM MOYLEN ADDRESS # 482605

Address: 9016 LINDSEY DR ADDRESS # 482605

City/State/Zip: SACRAMENTO CA City/State/Zip: ELI 6700 531-2793

Phone: 488 3048

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below) **REPAIR ROOFING, FLASHING, GUTTERS, PLUMBING**

Description of Work: REPAIR ROOFING, FLASHING, GUTTERS, PLUMBING

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 25 <input checked="" type="checkbox"/> GARAGE # SQUARES 2 # Stories: 2 Material: <u>30yr Dimensional</u>	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cull-in <input type="checkbox"/> Heat pump or elect. unit in gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> MudSill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<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

* Design Review approval may be required.

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* NOTE: Correction Notice items will require an additional building permit.

IVR Faxback Permit updated 12/09/01

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ALLA