



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faxed 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 grand fee

DATE: 8-3-05

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

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

JOB ADDRESS: #15 ADLEN CIRCLE UNIT # _____ ⇒ CONTRACT PRICE \$ 22,950.00

⇒ CONTACT PERSON: BOB WAGNER ⇒ CONTACT PHONE: 202-6036

Property Owner: JACK RICHERT Contractor: R.L. NEUNKUHL License # 315384
Address: #15 ADLEN CIRCLE Address: 7140 SPIGEL DRIVE
City/State/Zip: SACRAMENTO CA 95814 City/State/Zip: CITRUS HEIGHTS, CA 95621
Phone: 483-1810 Phone: 915-9301 FAX: _____

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHIRT <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE #SQUARES <u>50</u> Material: <u>SOFT PRESIDENTIAL T/L</u>	<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)	<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"/> 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-write <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
<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	Value of duct work: _____ Equipment: \$ _____ Curb-in: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	Note: Design Review approval may be required in certain areas.	

DESCRIPTION OF WORK: TERMOFF CAL-SHALE - RESHIRT - INSTALL SOFT PRESIDENTIAL T/L