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**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-5Z-PERMIT  
 Inspection Request: 1-916-908-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: \_\_\_\_\_

*Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.*

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM*

*Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 5625 HAROLD WAY Bid Type:  RESIDENTIAL  COMMERCIAL (limited)

CONTACT INFO Name: Joc Lebins Unit # \_\_\_\_\_ Contract Price \$10,284.00

Property Owner: JUDITH CARLSON Phone #: 971-9716 Email: \_\_\_\_\_

Address: \_\_\_\_\_ Contractor: Deamer & Sons License #: 4060761

City/State/Zip: SACRO CA / 95822 Address: 3479 ORANGE GROVE #A

City/State/Zip: 427-3566 Phone: 971-9714 City/State/Zip: N.H. 5415005 CA. 95600

Phone: \_\_\_\_\_ Fax: 971-1062

Nature of Work: Provide description of work & indicate type of work in selections below.

Pre-Registered? YES NO Registration # \_\_\_\_\_

Description of Work: 200 AMP SERVICE W/SAVE / HVAC ROOF TOP CUT IN

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ 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 checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input checked="" 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: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input checked="" type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input checked="" type="checkbox"/> Electric Service Change # amps <u>100</u> <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<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"/> Dry Rot or Termitite <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Shuds <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____
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