

PBF10001



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.gov
 Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-008-4577



Downlowa Permit Center 1-916-264-5807
 12311 Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-908-2354
 2101 Arona Blvd., Suite 200, Sacramento, CA 95831

Fax # 916-264-1901

FAXED PERMIT APPLICATION
 (certain restrictions apply)

Permit request must be received in this office by 1:00 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 (limited)
 Unit # _____ Contract Price \$ 15,308.00

Job Address: 4531 De Marco Blvd ST
 Contact Person: Debra Sathya Unit # _____
 Property Owner: Debra Sathya Contract Phone: 931 9310
 Address: 4531 3rd ST Contractor: KDESIGNERS License # 498800
 City/State/Zip: SAC CA 95820 City/State/Zip: 68612 River Oaks 45670
 Phone: 916-455-0295 Phone: 631-9310 FAX: _____

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

<input type="checkbox"/> Kerof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheel <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: <u>14</u> Material: <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Stone * Design Review approval may be required.	<input type="checkbox"/> HVAC Installations (Retrofit Only) <input type="checkbox"/> New <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) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<input type="checkbox"/> Water Heater (Retrofit Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Retrofit <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitic Damage Repair (Describe Location Below) * Design Review approval may be required.	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Retrofit Only) <input type="checkbox"/> Electric Service Change w/ amps <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"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste * Design Review approval may be required.	<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.
---	---	--	---	--

DESCRIPTION OF WORK:

021-0284-011
Dim 1 Sidewalk

OSTO088
ALZR