Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7822

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: 8-2-05

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)

0511467
AREA 3

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

Job Address: 5025 12TH Ave) Bldg Type: ☒ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited)
Unit # _____ Contract Price $20,000.00

CONTACT INFO Name: Tony or George Phone #: 247-6810 or 247-4555 Email:

Property Owner: ESTORIA E. BALLARD	**Contractor:** Post Detective Inc			License #: 821942	
Address: 5025 12TH AVENUE	Address: P.O Box 1635				
City/State/Zip: SACRAMENTO CA 95820	City/State/Zip: Loomis CA 95650				
Phone:	Phone: (916) 652-5987	Fax: Cell 247-6810			
Nature of Work: Provide description of work & indicate type of work in selections below.	Pre-Registered?	YES		NO		Registration #	

Description of Work: Stucco - Plumbing Interior - Electrical - Like For Like Window (Change Out) / Painting, Kitchen Cabinets Replacement if Necessary

☐ **Reroof** (excluding tile) ☐ Tear-Off ☐ Resheet ☐ House ☐ Garage # Stories: _____ # Squares: _____ Material: _____ ☒ **Siding** ☐ Wood ☐ T-111 ☐ Horiz ☐ Vinyl ☒ Stucco	☐ **HVAC Installations** (Residential Only) ☐ Change-out ☐ New ☐ Heat Pump ☐ Package ☐ Split system ☐ Roof mount ☐ Cut-in ☐ Heat pump or elect. unit to gas. ☐ Wall furnace ☐ Other (describe below) Value of duct work: Equipment: $ _____ Cut-in: $ _____	☐ **Water Heater** (Residential Only) ☐ Electric ☐ Gas ☐ Change-out ☐ Electric to Gas ☐ Relocate ☐ New ☐ **Dry Rot or Termite Damage Repair** ☐ Flooring/Joists ☐ Mudsill/Studs ☐ Roof Structure ☐ Exterior	☒ **Minor Electric and/or Minor Plumbing** (Residential Only) ☐ Electric Service Change # amps _____ ☐ New electric circuits ☐ Re-wire ☐ Water Service Replacement ☐ Sewer Service Replacement ☐ Gas Line Replacement ☐ Re-plumb ☐ Water ☐ Waste	☐ **Public Utilities Safety Inspection** (Residential and single apartment units Only) ☐ SMUD ☐ PG&E * **NOTE** * Correction Notice items will require an additional building permit.

Office Use Only:	Parcel #: 015-0251-066	Date Received: 8-2-2005	Date Issued:	Processor's Initials:	**Permit #:**