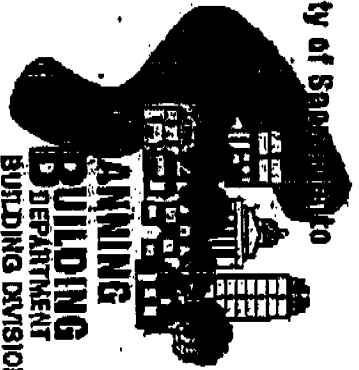


CITY OF SAN FRANCISCO



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:

Job Address: 7084 El Sereno Dr.
Parcel Number: _____
CONTRACT PERSON: Olaymo Masters
Property Owner: JOE PASADALE
Address: 7084 El Sereno Dr.
City/State/Zip: SAN FRANCISCO, CA 94503
Phone: 415 392-7646

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

Contract Price \$ 500
CONTRACT PHONE: 415 685-4616
Contractor: BEL EXOS. HEATING & AIR License # 726129
Address: 4195 SURVEY RD.
City/State/Zip: ELK GROVE, CA 95624
Phone: 916 685-4616 FAX: 916 686-5293

UNIT # _____

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

HVAC CIP

<p><input type="checkbox"/> REROOF (excluding tiles)</p> <p><input type="checkbox"/> TEAR-OFF</p> <p><input type="checkbox"/> REBHEET</p> <p><input type="checkbox"/> HOUSE # SQUARES</p> <p><input type="checkbox"/> GARAGE</p> <p># Stories: 1 2 3+</p> <p>Waterfall: _____</p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> T-111</p> <p><input type="checkbox"/> Horiz</p> <p><input type="checkbox"/> Vinyl</p> <p><input type="checkbox"/> Shakes</p>	<p><input checked="" type="checkbox"/> HVAC INSTALLATIONS</p> <p><input type="checkbox"/> NEW CHANGE-OUT</p> <p><input type="checkbox"/> Heat Pump</p> <p><input type="checkbox"/> Package</p> <p><input checked="" type="checkbox"/> Split system</p> <p><input type="checkbox"/> Roof mount</p> <p><input type="checkbox"/> Duct</p> <p><input type="checkbox"/> Heat pump or elec. unit to gas.</p> <p><input type="checkbox"/> Wall furnace</p> <p><input type="checkbox"/> Fireplace insert</p> <p><input type="checkbox"/> Other (specify below)</p> <p>Value of duct work: \$ _____</p> <p>Equipment: \$ _____</p> <p>Cut: \$ _____</p> <p>* Design Review approval may be required.</p>	<p><input type="checkbox"/> WATER HEATER</p> <p><input type="checkbox"/> GAS</p> <p><input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out</p> <p><input type="checkbox"/> Electric to Gas</p> <p><input type="checkbox"/> Relocating</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR</p> <p><input type="checkbox"/> Flooring/Slab</p> <p><input type="checkbox"/> Roof Structure</p> <p><input type="checkbox"/> Exterior</p> <p>* Design Review approval may be required.</p> <p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Restricted and single operations with ONLY)</p> <p><input type="checkbox"/> SMM/JD</p> <p><input type="checkbox"/> PG&E</p> <p>*NOTE: Correction Work Items will require an additional building permit.</p>	<p><input type="checkbox"/> Minor Electric and/or Minor PLUMBING</p> <p><input type="checkbox"/> Electric Service Change # amps</p> <p><input type="checkbox"/> New electric circuits</p> <p><input type="checkbox"/> Re-wire</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Water Service</p> <p><input type="checkbox"/> Sewer Service</p> <p><input type="checkbox"/> Gas Line</p> <p><input type="checkbox"/> Re-plumb</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Walls</p> <p>For Faxback Permit updated 12/02/01</p>
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