



# 53105

DEVELOPMENT SERVICES DIVISION  
PERMITS 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 a fine.

AUG 01 2 12 IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

By: \_\_\_\_\_  
 RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (classified)

JOB ADDRESS: 6865 WaterView Way Unit # \_\_\_\_\_ CONTRACT PRICE \$ 9,292.00

CONTACT PERSON: Linda CONTACT PHONE: 452-4154

Property Owner: Don Nelson  
Address: 6865 - WaterView Way License # 335561  
City/State/Zip: Sacramento CA 95831  
Phone: 916-395-0356  
Contractor: Park Mechanical, Inc. License # 335561  
Address: 7975 Ramona Avenue  
City/State/Zip: Sacramento, CA 95826  
Phone: 916-452-4154 FAX: 916-452-5557

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

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TRAR-OPP <input type="checkbox"/> RESHBERT <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> SQUARRES Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input checked="" 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) Value of desc. work: _____ Equipment \$: _____ Other \$: _____	<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"/> Reline <input type="checkbox"/> New	<input checked="" type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) for HVAC <input type="checkbox"/> Electric Service Change <input type="checkbox"/> PAID BY _____ <input type="checkbox"/> New electric circuits	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment - units ONLY) <input type="checkbox"/> SSMUD <input type="checkbox"/> PGE
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> fiber <input type="checkbox"/> vinyl <input type="checkbox"/> other	Notes: Design Review approval may be required in certain areas.	<input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) NEIGHBORHOOD WATER SERVICES DEPARTMENT WATER SERVICES DEPARTMENT	<input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	*NOTE: Correction Notice Items will require an additional building permit

DESCRIPTION OF WORK: Replace HVAC split a/c system like for like