



**CITY OF SACRAMENTO**  
 PLANNING & BUILDING DEPARTMENT  
 BUILDING DIVISION  
 www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-4677

Downtown Permit Center 1-916-264-6807  
 12311 Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

Date: 6/23/05



0508958

**FAXED PERMIT APPLICATION**

(certain restrictions apply)

*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 quad fee.*

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Contract Price \$ 8080.00

Job Address: 18 MARINA GRANDE CT Unit # \_\_\_\_\_ Contact Phone: 916-925-2541  
 Contact Person: Bing Supanich Contractor: SACRAMENTO License # 464242  
 Property Owner: BRUCE ALEXANDER Address: HEATING & AIR 1251 BURNMAN BLVD  
 Address: 18 MARINA GRANDE CT City/State/Zip: SACRAMENTO CA 95831  
 City/State/Zip: SACRAMENTO CA 95831 Phone: 916-925-2541 FAX: 916-925-1379  
 Phone: 916-391-8698

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

<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 *Design Review approval may be required.	<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 checked="" 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 duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termit Damage Repair (Describe Locations Below) *Design Review approval may be required.	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ <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	<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.
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**DESCRIPTION OF WORK:** EXISTING SPLIT SYSTEM HEAT PUMP